AP Withdrawal Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been made aware of the following points:

1. Withdrawal from the AP program will be shown on my child’s transcript which could negatively impact their applications and admission to college
2. Whatever course my child enrolls in as a result will not carry a weighted GPA nor will it carry the honors designation
3. Future enrollment in an AP course will be significantly more difficult since my child has not been able to successfully complete this course.

I understand these points and still wish my son/daughter to be removed from this course on this date\_\_\_\_\_\_\_\_.

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Parent/Guardian AP Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Principal