



**ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
ADVANCED ACADEMIC SERVICES DEPARTMENT**

**STUDENT REQUEST TO EXIT A GT/Honors/AP/PreIB/IB COURSE**

I feel that I should drop \_\_\_\_\_ GT/ Honors or AP or PreIB or IB

(Please indicate course name and circle course type)

Course # \_\_\_\_\_ for the following reason/s:

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Student's Name (Please print.) \_\_\_\_\_

Student's I. D. # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Recommendation: \_\_\_\_\_ Exit GT/Honors/AP/PreIB/IB Course

\_\_\_\_\_ Remain in GT/AP/PreIB/IB Course

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

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**Action Taken:**

**Note: Middle School:** Students will only be exited at the end of the first of 3, 6, or 12 weeks or the end of the first semester and if a minimum of two tutorial sessions have been attended.

**High School:** Students will **ONLY** be exited at the end of the first **3 weeks**, the end of the first **6 weeks** or the **end of the first semester** and if a minimum of two tutorial sessions have attended.

*Please make a copy for your records and send the original form to the AAS Department.*

