



**ONLINE COURSE DROP REQUEST**

School District: \_\_\_\_\_

Student Name: \_\_\_\_\_

Title of course requested to be dropped: \_\_\_\_\_

Requested drop date: \_\_\_\_\_

Student's reason for dropping the course: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\*Please return the signed form to your eLearning specialist.

1879 West Genesee Street Road, Auburn, NY

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