



REDLANDS HIGH SCHOOL
840 E. Citrus Ave. Redlands, Ca 92374

Approval to Withdraw from Class

Name: _____ Grade: _____ Date: _____

Counselor: _____

Class to drop: _____

Class to be added: _____

Students who are dropping a class after the **20th** day of the semester will receive a **“W”** (Withdrawl) on their transcript with no effect on their GPA.

Students who are dropping a class after the **40th** day of the semester will receive a **“WF”** (Withdrawl Fail) on their transcript and will have the **“F”** factored into their GPA.

-RUSD AR 5121

Student and parent must sign this form before changes can be made.

Student : _____

Date: _____

Parent : _____

Date: _____