Request to Exit an Advanced Academics/GT Course

_____   _____
School   Date

Name of Student_____

Advanced Academic/GT course _____

Person Initiating Request_____   ___ parent or guardian
                                                               ___ teacher

I, _____, support this request to exit this student from

_____ for the following reasons:
course title

_____

_____

_____

_____

_____

                                    _____
                                    signature

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Recommendation of Review and Referral Team

It is the recommendation of the Review and Referral Team that _____

continue/discontinue participation in the Advanced Academic/GT _____

course for these reasons:

_____

_____

_____

Review and Referral Team Signatures:_____

_____   Date: _____
c: Parent or Guardian
   Teacher
   Cumulative Folder
   Office of Advanced Academics