

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

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