

APPROVAL TO DROP AN EOC COURSE AFTER 10 DAYS

School: _____

Student Name (as in NCWISE): _____ NCWISE ID#: _____

EOC Course Title: _____ Course #: _____

Course Enrollment Date: _____ Course Drop Date: _____

Reason for Dropping Course:

Documentation (if any): _____

Counselor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____