

Mandatory Counselor Form

Student:	School:	Grade:
Counselor:	Counselor Phone #:	
Counselor email address (optional):		
Students Cumulative GPA:	Student absences:	
Please check the option that best reflects t	his student's senior year schedule a	s it stands right now:
This student will have a half-day/au This student will be dismissed at:		September through June (FULL YEAR).
This student will have a half-day/au the second half of the year cannot l	•	September to January. The schedule for
☐ This student will have a half-day/au This student will be dismissed at: _		lanuary to June.
 This student will have a half-day/au Time out day 1: Time out day 2: 		other day.
□This student will not have a half-da	y/authorized off campus schedule.	
Additional Comments:		
The Urban Alliance would like to give all st Therefore, we greatly appreciate the effort day/authorized off campus schedule throug	you put in to ensure that students w	
Urban Alliance is the liaison between the li Urban Alliance at (202) 459-4300.	ntern and the job site. All questions	or concerns should be addressed to