COURSE CHANGE REQUEST
2017 – 2018

PLEASE PRINT LEGIBLY **PLEASE PRINT LEGIBLY**

Student ID#_____ Teacher Advisor_____ Date_____

Name_____ _____ _____
Last First Middle or Other Name

The class schedule was developed through a combination of student course requests submitted last spring, teachers available to teach the courses, maximum and minimum number of students permitted in a class, and the periods the class can be offered. All students are limited to six courses, except when your schedule includes open enrollment courses.

♦ **NO TEACHER PREFERENCE CHANGES WILL BE MADE** ♦

Course to DROP	Reason for DROP	Course to ADD or REPLACE

Parent Signature_____ Date_____

Student Signature_____ Date_____

Office Use Only ***Office Use Only***

Counselor Name_____ **Date**_____

Request **Approved** by_____ You will receive a new schedule the 1st day of the semester

Request **Denied** by_____ for the following reason: _____ Class Closed or Cancelled

_____ Class conflicts with Schedule _____ Signature Missing _____ Other_____

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