

COURSE CHANGE REQUEST 2018 – 2019

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 _____
