

COURSE CHANGE REQUEST

2016 – 2017

PLEASE PRINT LEGIBLY

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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 _____

<i>Office Use Only</i>	<i>Office Use Only</i>
Counselor Name _____	Date _____
Request Approved by _____ You will receive a new schedule the 1 st day of the semester	
Request Denied by _____ for the following reason: _____ Class Closed or Cancelled	
_____ Class conflicts with Schedule	_____ Signature Missing
_____ Other _____	
