

# REQUEST FOR CHANGE IN COURSE SELECTION

Due to the school by Thursday July 29

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Name of Counselor

\_\_\_\_\_  
Telephone number (Where you can be reached)

We will review every request for a change in **Course Selection**. Unfortunately we cannot honor all requests due to scheduling constraints and availability.

Please print clearly the requested course to drop and the replacement course. Please make sure you include a Parent signature.

## Semester One

Course to Drop \_\_\_\_\_ Course to Add \_\_\_\_\_

Course to Drop \_\_\_\_\_ Course to Add \_\_\_\_\_

## Semester Two

Course to Drop \_\_\_\_\_ Course to Add \_\_\_\_\_

Course to Drop \_\_\_\_\_ Course to Add \_\_\_\_\_

Please explain if necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Counselor Notes: