

REQUEST FOR CHANGE IN COURSE SELECTION

Due to the school by Monday August 1st, 2011

MUST COMPLETE AND TURN FORM IN FOR ANY CHANGE TO BE
CONSIDERED

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. We are unable to add a class that is closed, please check the website for the current list of closed classes prior to completing this form.

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: