

Student Name: _____ Date: _____

Grade: _____

2011-2012 Course Request Change Form

I would like to make the following changes to my schedule:

Current Class

New Class

1. _____

2. _____

3. _____

Parent Signature: _____ Student Signature: _____

Parent Cell Number: _____ Student Cell Number: _____

All courses are subject to approval by the administration and may be cancelled based on class size and other determining factors. Students requesting to take Honors, AP, or Dual Credit course must have approval of the high school counselor/administration.

Office Use Only

Approved _____ Change Made: _____