

Course Change Request

DATE: _____

STUDENT NAME: _____

COUNSELOR: _____

PHONE #: _____ GRADE: _____

PARENT E-MAIL ADDRESS:

DROP:

Course: _____ # _____

FPC INITIALS FOR DUAL ENROLLMENT DROP: _____

ADD:

Course: _____ # _____

Teacher Signature: _____

Only needed to add courses requiring teacher recommendation

**I understand that the course change deadline is
June 23, 2022**

Parent Signature: _____

For Office Use Only:

Date Completed: _____ Counselor Initials: _____