

URBANA HIGH SCHOOL SOPHOMORE COURSE REQUEST FORM

This form is due to the HS Counseling Office by Friday, March 19, 2021

FULL STUDENT NAME _____ **ID#** _____ **HR** _____

Mark an X in the space next to the courses that you are requesting. You must schedule for at least six (6) courses per semester where a yearlong course will count in each semester. Sophomores are required to be in attendance at the high school the entire school day, unless approved for and taking College Credit Plus (CCP) courses at a college campus. Teacher recommendation is required for some courses; the recommending teacher should initial in the staff blank to the right of the credit. Students who do not meet prerequisites will have their course selections changed. *Indicates a course fee is required.

As you are considering courses, use a pencil to make your selections, but please make your final selections including signatures in pen.

REQUIRED COURSES

English Department	Credit	Staff	Social Studies Department	Credit	Staff
_____ 001 English 9	1.00		_____ 118 World Studies	1.00	
_____ 011 English 10	1.00		_____ 111 American Studies	1.00	
_____ 014 Honors English 10	1.00		_____ 112 Honors Am. Studies	1.00	
			_____ 113 AP U.S. History	1.00	
Math Department	Credit	Staff	Health/Physical Ed, Department	Credit	Staff
_____ 201 Algebra IA	1.00		_____ 763 Health	0.50	
_____ 202 Algebra IB	1.00		_____ 765 Nutrition & Wellness	0.50	
_____ 210 Honors Algebra I	1.00		_____ 770 Fitness for Life	0.25	
_____ 203 Geometry	1.00		_____ 773 Team & Ind Sports	0.25	
_____ 211 Honors Geometry	1.00		_____ 774 Core & Dyn Stgth Trng	0.25	
_____ 212 Honors Algebra II	1.00				
Science Department	Credit	Staff			
_____ 404 Physical Science*	1.00				
_____ 411 Biology I*	1.00				
_____ 412 Honors Biology*	1.00				

ELECTIVE COURSES

Agriculture, Food & Nat. Res. Dept.	Credit	Staff	Media/Tech/Mkting/Bus Department	Credit	Staff
_____ 651 Ag, Food, and Nat Res*	1.25		_____ 234 Computer App*	0.50	
_____ 652 Animal & Plant Science*1.25	1.25		_____ 236 Multimedia*	0.50	
_____ 660 Ag & Ind Power*	1.25		_____ 235 Computer Science Prin*	0.50	
_____ 662 Mechanical Principles*	1.00		_____ 240 Digital Photo & Video*	0.50	
			_____ 545 Pers Financial Mgmt*	0.50	
			_____ 550 Accounting I	1.00	
			_____ 511 Business Foundations	0.50	
			_____ 512 Finance Foundations	0.50	
			_____ 540 Marketing Principles.	0.50	
English Department	Credit	Staff	Ohio Hi-Point Programs (CBI and Satellites)		
_____ 638 Yearbook	0.50		OHP Career Based Intervention	Credit	Staff
			_____ HP CBI I CBI 9-10	1.00	
Fine Arts Department	Credit	Staff	Advanced Manufacturing Program	Credit	Staff
_____ 707 Concert Band A*	1.00		_____ HP U340 Intro to Des & Dev	1.00	
_____ 706 Band A w/ Marching*	1.25		_____ HP U341 Autom & Robotics	1.00	
_____ 709 Concert Band B*	1.00				
_____ 708 Band B w/Marching*	1.25				
_____ 711 Concert Choir*	1.00				
_____ 717 Climber Singers*	1.00				
_____ 712 Music Appreciation	0.50				
_____ 713 Music Technology	0.50				
_____ 721 Art I*	1.00				
_____ 722 Art II*	1.00				
Foreign Language Department	Credit	Staff	Health Sciences Program	Credit	Staff
_____ 301 French I	1.00		_____ HP G350 Health Sci & Tech	1.00	
_____ 302 French II	1.00		_____ HP G 351 Clinical Lab Tech	1.00	
_____ 311 Spanish I	1.00				
_____ 312 Spanish II	1.00				

Over...

ALTERNATE ELECTIVES (REQUIRED)		
	COURSE #	COURSE NAME
1 st Alternate	_____	_____
2 nd Alternate	_____	_____
3 rd Alternate	_____	_____
4 th Alternate	_____	_____

My preference for a study hall is: (place an X on the line by your preference):

_____ I NEED a study hall in my schedule.
 If only needed/preferred one semester, please circle your preference: 1st semester 2nd semester

_____ If I have room in my schedule, I would like a study hall.

_____ I do NOT want a study hall in my schedule.

SCHEDULE CHANGE CRITERIA

Due to commitments for staff assignments, balancing of class sizes, ordering of books, workbooks and supplies, schedule change requests after May 29th must meet one of the following criteria:

1. Mechanical error (example: course number mistyped from the course request sheet);
2. Course needed to meet graduation requirements;
3. Rescheduling of a course failure or not meeting a pre-requisite;
4. Necessity of student's physical health (doctor's recommendation);
5. Successful completion of a summer school course or summer credit flex course;
6. To select a different elective if, due to a master schedule conflict, the student was unable to get into a requested elective;
7. Addition in lieu of study hall the same period, class size permitting; or
8. Inappropriate academic placement with a teacher's recommendation and counselor and administrator approval.

Procedure for changing a schedule that meets one of the above criteria:

1. The student must consult with the counselor to determine the validity and possibility of the requested change.
2. The student must secure written permission from his/her parent/legal guardian prior to any schedule change.

COURSE WITHDRAWAL

Course withdrawals are not permitted if the student is only taking the required 6 credits. If a student is taking more than the 6 required credits and desires to drop a class to take a study hall (room permitting), the following course withdrawal requirements are in place: If a student withdraws from a yearlong class after the 15th day, it will be recorded as a withdrawal/failing (WF). Withdraw from a yearlong class before the end of the 15th day will be recorded as a withdrawal (W). If a student withdraws from a semester class after the 8th day, it will be recorded as a withdraw/failing (WF). Withdraw from a semester class before the end of the 8th day will be recorded as a withdrawal (W). Parent approval is needed to withdraw from a class.

CCP course withdrawal must meet the deadlines of the college/university. The number of courses/hours must still meet the minimal high school requirements.

I have selected the courses marked above for the upcoming school year. Any changes that I decide to make will need to be made by May 29th. I understand that after that date no changes will be made to my schedule unless it meets the criteria above.

Date _____

Date _____

Student Printed Name _____

Parent Printed Name _____

Student Signature _____

Parent Signature _____