

REQUEST TO CHANGE COURSE

Student Name: _____ Grade: _____ ID#: _____ Telephone: _____

Date Submitted: _____ Parent Signature: _____

PLEASE PROVIDE A REASON FOR THE CHANGE YOU ARE REQUESTING.

- | | |
|---|--|
| <input type="checkbox"/> Computer error
<input type="checkbox"/> Prerequisite not completed
<input type="checkbox"/> Not challenging enough of a course
<input type="checkbox"/> Too challenging of a course | <input type="checkbox"/> Post-Secondary Enrollment Option
<input type="checkbox"/> Courses needed for college or NCAA requirements
<input type="checkbox"/> <i>Other</i> _____ |
|---|--|

DROP		ADD	
COURSE #	COURSE NAME	COURSE #	COURSE NAME

Return this form to the counseling office by March 24.

Office Use Only: Date/Received: _____	Changes Made By: _____ Date: _____
--	---

REQUEST TO CHANGE COURSE

Student Name: _____ Grade: _____ ID#: _____ Telephone: _____

Date Submitted: _____ Parent Signature: _____

PLEASE PROVIDE A REASON FOR THE CHANGE YOU ARE REQUESTING.

- | | |
|---|--|
| <input type="checkbox"/> Computer error
<input type="checkbox"/> Prerequisite not completed
<input type="checkbox"/> Not challenging enough of a course
<input type="checkbox"/> Too challenging of a course | <input type="checkbox"/> Post-Secondary Enrollment Option
<input type="checkbox"/> Courses needed for college or NCAA requirements
<input type="checkbox"/> <i>Other</i> _____ |
|---|--|

DROP		ADD	
COURSE #	COURSE NAME	COURSE #	COURSE NAME

Return this form to the counseling office by March 24.

Office Use Only: Date/Received: _____	Changes Made By: _____ Date: _____
--	---

