

# Course Request Change Form

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

## REQUEST To

**ADD:** Course# \_\_\_\_\_ Title: \_\_\_\_\_

Reason: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST To

**DELETE:** Course# \_\_\_\_\_ Title: \_\_\_\_\_

Reason: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline for all changes is: April 5, 2024**

**Return this form to the CVHS Guidance Office.**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_