

URBANA HIGH SCHOOL SOPHOMORE COURSE REQUEST FORM

This form is due to the HS Counseling Office by Friday, March 29, 2024

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 or online. 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			
_____ 011 English 10	1.00	_____	Social Studies Department	Credit	Staff
_____ 014 Honors English 10	1.00	_____	_____ 111 American Studies	1.00	_____
			_____ 112 CCP U.S. History	1.00	_____
Math Department	Credit	Staff			
_____ 202 Algebra IB	1.00	_____	Health/Physical Ed, Department	Credit	Staff
_____ 203 Geometry	1.00	_____	_____ 763 Health	0.50	_____
_____ 211 Honors Geometry	1.00	_____	_____ 765 Nutrition & Wellness	0.50	_____
_____ 212 Honors Algebra II	1.00	_____	_____ 770 Fitness for Life	0.25	_____
_____ 216 Stats & Probability	1.00	_____	_____ 773 Team & Ind Sports	0.25	_____
			_____ 774 Core & Dyn Stgth Trng	0.25	_____
Science Department	Credit	Staff			
_____ 411 Biology*	1.00	_____			
_____ 412 Honors Biology*	1.00	_____			

ELECTIVE COURSES

Agriculture, Food & Nat. Res. Dept.	Credit	Staff			
_____ 651 Ag, Food, and Nat Res	1.25	_____	Media/Tech/Mkting/Bus Department	Credit	
_____ 652 Animal & Plant Science	1.25	_____	_____ 234 Computer App*	0.50	
_____ 662 Mechanical Principles	1.25	_____	_____ 236 Multimedia*	0.50	
			_____ 235 Computer Science Prin*	0.50	
English Department	Credit	Staff	_____ 240 Digital Photo & Video*	0.50	
_____ 638 Yearbook	0.50	_____	_____ 545 Pers Financial Mgmt*	0.50	
			_____ 550 Accounting I	1.00	
Fine Arts Department	Credit	Staff	_____ 511 Business Foundations	0.50	
_____ 707 Concert Band A*	1.00	_____	_____ 512 Finance Foundations	0.50	
_____ 706 Band A w/ Marching*	1.25	_____	_____ 540 Marketing Principles.	0.50	
_____ 709 Concert Band B*	1.00	_____			
_____ 708 Band B w/Marching*	1.25	_____	Ohio Hi-Point Programs (CBI and Satellites)		
_____ 711 Concert Choir*	1.00	_____	OHP Career Based Intervention	Credit	
_____ 717 Climber Singers*	1.00	_____	_____ HP CBI I CBI 9-10	1.00	
_____ 712 Music Appreciation	0.50	_____			
_____ 713 Music Technology	0.50	_____	Advanced Manufacturing Program	Credit	Staff
_____ 721 Art I*	1.00	_____	_____ HP U340 Intro to Des & Dev	1.00	_____
_____ 722 Art II*	1.00	_____	_____ HP U341 Autom & Robotics	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 (CCP)	1.00	_____	_____ HP G353 Medical Terminology	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 _____