

Pietzsch-MacArthur Middle School Course Change Request

Student Name: _____ Date: _____

Parent Name & Phone Number: _____ Grade: _____

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted for any student. If there is a scheduling conflict, your request will not be granted.
2. You must **REMAIN in assigned classes** until notified of the change by Ms.Powers. Absences will count against you for any class missed.
3. Course change requests will be processed as quickly as possible, but it will require teacher initials and a parent signature. No changes will be made without those two items.
4. You will be notified by receiving a new schedule or note explaining why we are not able to make a change.
5. Course change requests **must be submitted no later than the end of the 1st week** of the semester.

REASON FOR REQUEST: (please circle)

- | | |
|---|-------------------------------------|
| Unassigned Period | Missing Graduation Requirement |
| Conflict with Athletics | Missing Promotion Requirement |
| Placement to more appropriate course level (AP <-> Regular) | Other (Attach detailed explanation) |

Changes due to teacher preference will not be granted. Also changes due to lack of participation in class will not be granted. Remember, bloom where you are planted!

CHANGE REQUESTED:

	Drop Requested	Add Requested	Teacher Initial(s)
Period	Class (which class you will drop)	Class (which class do you want to add)	
1			
2			
3			
4			
5			
6			
7			
8			

Teacher Comments:

Add/Drop requests are not guaranteed. I have been advised by Ms. Powers of the possible impact of changing my courses and agree to take responsibility for any repercussions that this change causes (i.e. change in college acceptance, scholarship & sports eligibility, GPA, etc). Under no reason will I hold Ms Powers or Pietzsch-MacArthur PK-8 Center responsible for issues that arise due to this class change? I have also reviewed the Add/Drop policy on the reverse side of this form and understand that a course change may result in a W or WF on my transcript.

Student Signature: _____ Parent Signature: _____

Date: _____ Date: _____

*****Counseling Use Only*****

Received: _____ Approved Denied