CENTRAL DAUPHIN EAST HIGH SCHOOL
2025-2026 COURSE SELECTION FORM
GRADE 12

Name: _____ Student ID #: _____

Students and parents should give careful consideration to course selection in order to eliminate requests for changes. Requests for schedule changes must be made **BEFORE JUNE 1**. Schedules will be mailed home in August and will include details on how to make any necessary changes.

Please note the following:

1. All students must list a minimum of **6.5 credits** (maximum of 8.0 credits).
2. Required courses listed below must have a teacher signature indicating the appropriate level or specific course with the exception of Physical Education or Strength and Conditioning.

				Teacher Recommendations			
Course Number	**Subject Area**	**Course Name/Level**	**Credit(s)**	**Yes**	**No**	**Date**	**Teacher**
51067 (example)	**English**	**Senior CP English**	**1.0**	**X**		**3/12**	**GB**
	English						
	PE						
	Mathematics						
		Total Credits:					

PRIORITY	Elective Alternatives: Name of Course	Course Number
1		
2		
3		
4		

* In the event of a scheduling conflict, students who fail to indicate alternatives may be assigned to electives at the discretion of the administration.

Student Signature: _____ Date: _____