Gettysburg Area High School Course Change Request

Student Name: _____

GAHS Student ID:_____ Grade: _____ Date: _____

Important Notes:

- This form must be returned to the Counseling Center immediately after student, parent and teacher signatures have been obtained
- Administration must approve the request before being processed.

Reason for Course Change Request: (Please check one)

❑ Academic misplacement

❑ Change to a more difficult level (from a less difficult level)

❑ Adding a course to meet a graduation requirement

❑ Other (please explain):_____

Requesting to Drop (course name):_____

**Students who are approved to drop an AP course after 11/14 will pay a $40 exam order fee*

Course Drop Teacher Signature:_____

Requesting to Add (new course name):_____

Student Signature:_____

Parent Signature:_____

School Counselor Signature:_____

❑ Request approved ❑ Request denied

Administrator Signature:_____