CENTRAL DAUPHIN HIGH SCHOOL

COURSE SELECTION FORM
GRADE 12

Name: _____ Student ID #: _____

Students and parents should consider course selection in order to eliminate requests for changes. 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.

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

PRIORITY	Elective Alternatives: Name and Course Number	Teacher Recommendations	* In the event of a scheduling conflict, students who fail to indicate alternatives may be assigned to electives at the discretion of the administration.
1			
2			
3			
4			

Student Signature: _____ Date: _____