Course Selection Change Request Form

Please Note: A change in a course request will be honored for the following two reasons referenced on page 3 of your 2027-2028 Program of Studies Book. The reasons are:

- **Failure to meet the required prerequisite**
- **A level change that has been verified by a teacher**

Necessary Change: _____ Teacher Initial _____

(NOTE: NO CLASS WILL BE DROPPED FOR LATE ARRIVAL, EARLY RELEASE OR STUDY HALL)

If you feel that you have been inappropriately placed in a class, or feel you would like to APPEAL for a course selection change that is not for either reasons stated above, list your reason for APPEAL below. Once you have submitted your APPEAL it will be reviewed by a committee. Final decisions will be returned to you in homeroom. If you have any further questions regarding the decision see your counselor.

NAME:_____ GRADE: ____ HR TEACHER _____
DATE _____
Course request to DROP: _____
Course request to ADD: _____

Reason for requesting an APPEAL for a Course Change:

_____
_____
_____
_____
_____
_____
_____
_____

I have discussed this appeal request with my parent/guardian. _____
Student Signature

For Committee Completion Only

Date: _____
Decision:
Approved _____
Denied _____
_____
Counselor Initial _____