



HIGH SCHOOL CHANGE OF COURSE REQUEST FORM

Name: _____ PIN: _____

Date Submitted: _____

Currently Enrolled In: _____ Switch Into: _____

Reason: _____

Outgoing Teacher Approval: _____ Approve _____ Disapprove

Teacher Signature: _____

Incoming Teacher Approval: _____ Approve _____ Disapprove

Teacher Signature: _____

Parent Approval:

Signature: _____ Date: _____

PLEASE NOTE:

In order to be approved, there must be sound academic reasons for the course change. Changes that are based only on requests to be with friends or to have a different teacher will not be approved.

Changes may be limited by space or block conflicts.

Any changes cannot conflict with required pre-requisites or courses which are mandatory for the completion of the High School diploma.

Students are to remain in their current classes until they are given a new schedule.

PLEASE RETURN COMPLETED FORM, WITH SIGNATURES, TO STUDENT SERVICES