

Course Change Request

STUDENT NAME _____ DATE: _____

Move from: _____

Move to: _____

Reason for Change:

Student signature

Parent signature

Teacher's signature

Department Coordinator's Signature

Guidance Committee's Signature

REMINDER: Students must attend the class that appears on their schedule. They are not to switch to a new class until all of the signatures above are received and a new schedule has been given by the guidance counselor.