

REQUEST FOR PROGRAM CHANGE

➤ Your request will not be considered unless this form is completely filled out!

➤

Last Name **First Name** **M.I.** **Counselor** **Grade**

➤ THIS IS A REQUEST TO MAKE THE FOLLOWING CHANGE:

Drop: _____

Add: _____

➤ What events have taken place that would make this change educationally sound?

NOTE: Changes in course selection approved at this time will likely result in other course/teacher changes to your schedule.

➤

Student Signature **Parent Approval** **Date**

Counselor Comments: _____

Administrative Decision: _____ Approved _____ Not Approved

COMMENTS: _____

FEE \$10.00
(Must be received before
Change will be processed.)

**ONLY ONE SCHEDULE CHANGE
REQUEST WILL BE HONORED PER
SEMESTER!**