

COURSE CHANGE REQUEST FORM

STUDENT NAME: _____

GRADE: _____

Please complete this form if you have a change request that fits within the WHS schedule change policy. *A great deal of time is invested in the registration and scheduling process.* Teacher allotments are dictated by the courses that students request during registration. For these reasons, **no changes will be allowed unless they are deemed necessary** by the school. In most cases, course change requests must be submitted by the second Friday of the semester to be considered.

Circle the reason(s) for your requested change below:

1. I don't have a schedule or have an incomplete schedule. Help!
2. I am missing a course that is required for graduation
4. I don't have the prerequisite for a course on my schedule.
5. I have already passed and received credit for a course on my schedule.
6. Other. **Explain:** _____

Note: We cannot make changes based on teacher/period/location preferences or your BFF's schedule.

Requested Changes:

Drop	Add (include alternates, if applicable)

Additional Notes for Your Counselor:

--CONTINUE FOLLOWING YOUR CURRENT SCHEDULE UNTIL YOU RECEIVE A NEW SCHEDULE--

	STUDENT SIGNATURE	DATE	PARENT SIGNATURE (if required)
DATE			

--COUNSELOR REVIEW --

Approved
 Denied
 Counselor Initial _____
 Date _____

Notes: