



POST SELECTION COURSE CHANGE REQUEST FORM

STUDENT LAST NAME: _____ FIRST NAME: _____

TODAY'S DATE: _____ INCOMING GRADE: 10 STUDENT I.D. #: _____

**YOU MAY ONLY SUBMIT THIS COURSE CHANGE REQUEST FORM
DURING THE WEEK OF: APRIL 1st – 17th**

THE COUNSELING OFFICE WILL NO LONGER ACCEPT SCHEDULE CHANGE FORMS AFTER APRIL 17th, 2020

*Counselor-to-Student Caseloads are assigned by student last names. Please review the counselor assignments displayed on the JFK website www.jfk.scusd.edu
To ask questions of your counselor, you can make an appointment through the JFK website, email or call them directly.*

REASON FOR CHANGE REQUEST(S): (Please refer to the reasons listed above)

CLASS(ES) TO DROP:
DROP: _____
DROP: _____
DROP: _____

CLASS(ES) TO ADD:
ADD: _____
ADD: _____
ADD: _____

PARENT/GUARDIAN APPROVAL [PLEASE PRINT CLEARLY] **REQUIRED FOR ALL CHANGES**
NAME _____ SIGNATURE _____ DATE _____
PHONE _____ EMAIL _____

STUDENT APPROVAL [PLEASE PRINT CLEARLY] **REQUIRED FOR ALL CHANGES**
NAME _____ SIGNATURE _____ DATE _____

TEACHER APPROVAL [PLEASE PRINT CLEARLY] **ONLY REQUIRED FROM CURRENT TEACHER IF YOU ARE MOVING UP IN A CLASS LEVEL**
DEPARTMENT _____
NAME _____ SIGNATURE _____ DATE _____

TEACHER APPROVAL [PLEASE PRINT CLEARLY] **ONLY REQUIRED FROM CURRENT TEACHER IF YOU ARE MOVING UP IN A CLASS LEVEL**
DEPARTMENT _____
NAME _____ SIGNATURE _____ DATE _____

TEACHER APPROVAL [PLEASE PRINT CLEARLY] **ONLY REQUIRED FROM CURRENT TEACHER IF YOU ARE MOVING UP IN A CLASS LEVEL**
DEPARTMENT _____
NAME _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPROVED NOT APPROVED Counselor Initials: _____