



# POST SELECTION COURSE CHANGE REQUEST FORM

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ INCOMING GRADE: \_\_\_\_\_ STUDENT I.D. #: \_\_\_\_\_

**YOU MAY SUBMIT THIS COURSE CHANGE REQUEST FORM APRIL 1<sup>st</sup>- 17<sup>th</sup> 2020**

REASON FOR CHANGE REQUEST(S):  
\_\_\_\_\_  
\_\_\_\_\_

**CLASS(ES) TO DROP:**

DROP: \_\_\_\_\_

DROP: \_\_\_\_\_

DROP: \_\_\_\_\_

DROP: \_\_\_\_\_

DROP: \_\_\_\_\_

**CLASS(ES) TO ADD:**

ADD: \_\_\_\_\_

ADD: \_\_\_\_\_

ADD: \_\_\_\_\_

ADD: \_\_\_\_\_

ADD: \_\_\_\_\_

**PARENT/GUARDIAN APPROVAL [PLEASE PRINT CLEARLY] REQUIRED FOR ALL CHANGES**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED

NOT APPROVED

Counselor Initials: \_\_\_\_\_



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