

REQUEST FOR CHANGE IN COURSE SELECTION

Student's Name _____ ID# _____

Next year's grade _____ Counselor _____ Date _____

Parents /Guardian signature _____

DROP the following course:

S1___ S2___ Course Name _____ Course # _____

S1___ S2___ Course Name _____ Course # _____

ADD the following course in its place:

S1___ S2___ Course Name _____ Course # _____

S1___ S2___ Course Name _____ Course # _____

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Note: "Review of Placement" forms for MATH are available in the Counseling Office or the Math Office.

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