

**Monsignor Donovan High School**  
Change of Course or Schedule

Name \_\_\_\_\_ Grade \_\_\_\_\_

Counselor \_\_\_\_\_

I wish to change a course selection from \_\_\_\_\_ to  
\_\_\_\_\_ because (give detailed reasons)

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Teacher comments/recommendation for change (optional)

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\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Student Signature Date Parent/Guardian Signature Date

Return form to the Guidance Office no later than:

1<sup>st</sup> Term: **Wednesday, September 14, 2011**

2<sup>nd</sup> Term: **Friday, January 27, 2012**

2012-2013: **Friday, June 1, 2012**

A \$100 processing fee must accompany this form.

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For Office Use Only