



Course Change Request Form 2015-16 Semester 2

Last Name _____ First Name _____ Date ___ / ___ / ___
Counselor: Beckie Bufton Gautier McCann Pulliam Van Soest
 Inman Sundberg

Instructions - Please read carefully

- Change requests will be accepted until **3:00pm on Friday, January 8th**
- Continue to attend ALL classes until you receive **an email from your counselor** indicating that your schedule has been changed.
- Withdrawal from AP class changes requires a signature from the current AP teacher prior to request being processed.

Acceptable Reasons for Course Changes

Student has too many or too few classes for semester 2 (Check which ones apply)

- Student does not meet the pre-requisites for a class they are enrolled in.
- Senior needs class for graduation.
- Student needs to repeat a course due to previous failure.
- Student is requesting a change in an elective course, (due to enrollment size in certain courses, a change is not guaranteed).

1. Class you wish to drop:
Class you wish to add:
2. Class you wish to drop:
Class you wish to add:
Student Signature
Parent Signature

AP Teacher Printed Name

AP Teacher Signature

Office Use Only: Date Change Made ___/___/___ **Email sent to student** ___

NOTES _____
