

**Waubonsie Valley Guidance Department  
ELECTIVE COURSE CHANGE REQUEST  
DEADLINE TO TURN IN THIS FORM TO YOUR CLASS HOUSE: MAY 24th**



*REQUESTS FOR CHANGES WILL BE PROCESSED ON A SPACE AVAILABLE BASIS OVER THE SUMMER.*

Name \_\_\_\_\_ Date \_\_\_\_\_ Student ID # \_\_\_\_\_ Class of 20 \_\_\_\_\_

DROP: \_\_\_\_\_ and ADD: \_\_\_\_\_

Reason for Change(s): \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

**Contact Information:**

Parent's Daytime Phone #: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

|   |
|---|
| For Office Use:<br>Submitted on: _____<br>Completed on: _____ by: _____<br>Confirmation to parent: E Ph InP |
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