

Date of Request:\_\_\_\_\_

PERMISSION TO CHANGE COURSES

Directions: Prior to making a change in a student’s schedule by a counselor or principal, the student must fill out the information below and have this form signed by both the *incoming* and *outgoing* teachers. The student’s parent or guardian must also sign with their approval before the counselor or principal can act upon the request and complete the change.

Student Name:\_\_\_\_\_ Grade:\_\_\_\_\_

I desire to DROP \_\_\_\_\_ Semester 1 or Semester II  
(Course Name) (circle one)

I request to ADD \_\_\_\_\_ Semester 1 or Semester II  
(Course Name) (circle one)

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

(additional comments may be added on the back of this form)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Outgoing Teacher)

\_\_\_\_\_  
(Incoming Teacher)

Comments:\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor’s Initials

