

DHS Course Change Request

Student Name: _____ Date: _____ Grade: _____

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted.
2. You must **REMAIN in assigned classes** until notified of the change by counselor. Absences **will** count.
3. Course change requests will be processed as quickly as possible, but it will require teacher initials and a parent signature. No changes will be made without those two items.
4. You will be notified by receiving a new schedule or note explaining why we are not able to make a change.
5. Course change requests **must be submitted no later than** _____.

REASON FOR REQUEST: (please circle)

- | | |
|---|-------------------------------------|
| Unassigned Period | Missing Graduation Requirement |
| Conflict with sport | Missing College Requirement |
| Placement to more appropriate course level (AP <-> Regular) | Other (Attach detailed explanation) |

**Changes due to teacher preference will not be granted.*

CHANGE REQUESTED:

	Drop Requested	Add Requested	Teacher Initial(s)
Period	Class (which class you will drop)	Class (which class do you want to add)	/
1			/
2			/
3			/
4			/
5			/
6			/

Teacher Comments:

Add/Drop requests are not guaranteed. I have been advised by the counselor of the possible impact of changing my courses and agree to take responsibility for any repercussions that this change causes (i.e. change in college acceptance, scholarship & sports eligibility, GPA, etc). Under no reason will I hold the counselor or Delta High School responsible for issues that arise due to this class change. I have also reviewed the Add/Drop policy on the reverse side of this form and understand that a course change may result in a W or WF on my transcript.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Principal Signature: _____ Date: _____

*****Counseling Use Only*****

Received: _____ Approved Denied