

Course Change Form

Student: _____ Grade: _____ Advisor: _____

Drop Section *(List course(s) to be dropped from your schedule here)*

Course	Block	Teacher	Teacher's signature	Date

Add Section *(List course(s) to be added to your schedule here)*

Course	Block	Teacher	Teacher's signature	Date

Reason for Change Request: _____

Signatures required to approve change:

Parent		Date	For Office Use Only:	
Advisor		Date		Date Received:
Department Head		Date		Date Processed:
Gr 6-8: Division Head Date Gr 9-11: Academic Dean Date Gr 12: Dir. College Counseling Date		Date		Initials: