

**COURSE CHANGE FORM**

To be used for any request beyond Add/Drop period (October 1st)

Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Current Course: \_\_\_\_\_

Requested Course: \_\_\_\_\_

Extenuating Circumstances:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date