

# PHS Course Change Request

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

Parent Name & Phone Number: \_\_\_\_\_ 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 Mrs. Wagenhauser. Absences will count.
3. Course change requests will be processed as quickly as possible but will require the teacher's initials and a parent's 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 the end of the 2<sup>nd</sup> week** of the semester.

**REASON FOR REQUEST: (please circle)**

- |   |                                     |
|---|-------------------------------------|
| Unassigned Period   | Missing Graduation Requirement      |
| Mis-scheduled   | Missing College Requirement         |
| Placement to more appropriate course level (Honors <-> 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			
7			

Teacher Comments:

I understand that Add/Drop requests are not guaranteed. I understand 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).

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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

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

Received: \_\_\_\_\_ Approved Denied