



1.

Student Information

Name (Print) _____ Grade (Circle) 7 8 9 10 11 12 Date _____

2.

Course Change Request

- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____
- Add Drop Period _____ Course Name: _____ Teacher Approval _____

3.

Academic Counselor Approval

Approved Declined Signature _____ Date _____ Ren Web

4.

Parent Approval (If Applicable)

Name (Print) _____ Signature _____ Date _____

5.

Return completed form to the secondary office.

Please note that your schedule change will not be processed without approval from the Academic Counselor.