SRHS COURSE CHANGE REQUEST FORM

Date: _____

Last Name _____ First Name _____ Grade _____ Counselor Name _____

Parent/Guardian (Please Print) _____ Parent Daytime Phone _____ Parent Cell Phone _____

Course changes will be made <u>only</u> for the specific reasons listed below:

- Correction of courses to repair sequential order
- Insertion of courses for credit recovery from a previous school year or semester
- Correction of a schedule for technical errors
- Deletion of courses for which credit has already been earned
- Addition of courses needed to meet senior graduation requirements
- Addition of academic subjects recommended by colleges or employers
  *(must be submitted, **in writing**, by the college or employer)*
- Correction of courses for health reasons *(must be certified **in writing** by physician)*
- To change courses as a result of teacher recommendation *(teacher signature required)*

Requests for teacher changes will not be accepted except in certain circumstances. These requests require a detailed explanation and must be approved by the principal.

<u>Procedures:</u>

1. Enter the reason(s) for a change of course in the area indicated. Use the back of the form to provide additional information about the request, if necessary.
2. Parent ***<u>and</u>*** student need to sign the form.
3. Teacher ***<u>and</u>*** principal approval is necessary if you are requesting to change the academic level of a course or are looking a drop/add an AP class.
4. Return the completed form to the GUIDANCE OFFICE at South River High School.

Student signature _____ Date _____ Parent/Guardian signature _____ Date _____

Course to be *dropped* _____ Course to be *added* _____

Reason for Change _____ Teacher Signature _____

Course to be *dropped* _____ Course to be *added* _____

Reason for Change _____ Teacher Signature _____

Approved: _____ Denied: _____ Return form to student: _____

Counselor Signature _____ Date _____ Revised schedule attached: _____