

REQUEST FOR COURSE CHANGE

The following procedure is in place for any student desiring to make a schedule change. This form must be presented at the time of the schedule change request.

Student Name _____

Grade Level _____ **Date** _____

Course to Drop _____ **Course to Add** _____

Academic reason for request: _____

The following teacher signatures may or may not be needed depending on circumstances.

For **Core Courses** the following signature is required. Electives require no teacher signatures.

English: Your current FGR Teacher:

I Agree with this change _____

I **DO NOT** Agree with this change _____

Math/Science: Mrs. Duncan _____

Social Studies: Mrs. Skrent _____

World Language: Your current FGR Teacher:

I Agree with this change _____

I **DO NOT** Agree with this change _____

Please bring in this form even if you have been unable to acquire the teachers' signature.

The following signatures are required for any change requests:

Counselor

Parent

Student