

COURSE CHANGE FORM

2nd Semester

Student Name (print) _____ Date: _____

Per GHS policy; a student may request to drop a course if there is a compelling educational reason to make such a change. Please explain:

DROP

Class Name: _____

Teacher Signature: _____ Date: _____

It is the student's responsibility to return materials to the teacher.

ADD

Class Name: _____

Teacher Signature: _____ Date: _____

I request that the following course change occur. I understand that this change is permanent and I may not request that this change be reversed at any time. I also understand that this change may positively or negatively affect the student's grade point average, and meeting college admission, NCAA, &/or NAIA requirements. It may also affect the course progression in the subject area.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Counselor Signature _____ Date: _____

Change is (circle one) Approved and Made: _____ Denied _____ Date: _____