

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 only 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.

Procedures:

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 and student need to sign the form.
3. Teacher and 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: _____