Course Request Change
Providence High School 2023-24

Only one (1) Change Request Form will be accepted per student
Course request changes will NOT be reversed
(I have read, understand, & agree to all the information) Parent Initials: ______

Course changes will only be considered for the following reasons:

1. Did not receive a course required for graduation.
2. Enrolled in a course you have already completed and received credit.
3. Enrolled in a course for which you have not met the prerequisite.
4. Do not have a full schedule of 8 classes.
5. Student wants to move up to a higher level course (space permitting).
6. Did not receive a course you were approved for which required an audition or approval.
7. Want to drop a 3rd and 4th or 4th block course for Early Release, with proper paperwork approved (seniors only). Be sure to read the important information on the Early Release form regarding athletics and college requirements.

Procedures for Requesting a Change

1. Submit form in the box located in the PHS front office or fax the form to 980-343-3957. Counselors will not be available to see students and/or parents who walk in with course request change forms as forms are processed in the order in which they are received.
2. Request will be reviewed and if it meets the criteria for a schedule change and there is room in another class that works in your schedule, the change will be made.
3. Students will receive their new schedule or a response indicating why it could not be changed.
4. Only one (1) Change Request Form will be accepted per student.

Schedule changes will be made according to space available in classes. Making a schedule change for one class may result in changing the rest of your schedule.

Name: ____________________________ ID#: ___________________ Grade: ___________
Phone: __________________________ Email: ______________________

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<th>Drop Course</th>
<th>Add Course</th>
<th>Alternate Choice</th>
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Indicate reason # _____ (above)

By the signatures below, parents and students signify they have read and understand this Course Request Change form and agree with all of the criteria and procedures listed.

Only one (1) Change Request Form will be accepted per student

Parent Signature: ___________________________ Date: ________________

Student Signature: ___________________________ Date: ________________

FOR OFFICE USE ONLY

Counselor Signature: ______________________ Date: ____________ Scheduler Signature: ______________________ Date: ____________