

Garfield High School Course Change Request 1st Semester

Please PRINT CLEARLY and fill in ALL of the information below

Date: _____ Student Name: _____ Student ID # _____
(last) (first)
 Grade: _____ Phone: _____ Email: _____

This is a REQUEST form ONLY. There are no guarantees that your request will be granted.

1. Please complete the form and turn it in as soon as possible.
2. Requests will be processed as quickly as possible – please be patient.
3. The goal is to have them all completed prior to the start of the semester.
4. You will be notified when your request has been processed.
5. Course change requests **will not be accepted after the end of the first week of the semester.**
6. Students must stay in their assigned classes until notified that a change has been made.

REASON FOR REQUEST: (please "X" applicable)

- | | |
|--|---|
| <input type="checkbox"/> Unassigned Period | <input type="checkbox"/> Missing Graduation Requirement |
| <input type="checkbox"/> Conflict with Running Start | <input type="checkbox"/> Missing College Entrance Requirement |
| <input type="checkbox"/> Wrong Class | |

Changes to electives or teacher preferences will not be considered

CHANGE REQUESTED:

Course to Drop

| Period | Class | Teacher Signature <small>(if needed)</small> |
|--------|-------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Course to Add

| Period | Class | Teacher Signature <small>(if needed)</small> |
|--------|-------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

*****Counselor Use ONLY*****

Counselor Response

Your change has been processed. Attached is your new schedule. Show this to affected teachers and return any books/ instructional materials no longer needed.

Your request has not been processed for the following reasons.

Please note: Counselors will notify teachers, students, and parents if necessary with any questions. Please do not turn in additional forms. Thank you!