Garfield HS 1st & 2nd Semester Course Change Request

Please PRINT CLEARLY and fill in ALL the information below

Date: _____________ Counselor (name on bottom of your schedule): _________________________________

Student Name (Last, First): ____________________________________________ Student ID#: _____________

Grade: ____________ Phone: ________________________ Email: _____________________________________

This is a REQUEST form ONLY. There are no guarantees that your request will be granted.
1. Complete the form and turn in to the Counseling Office as soon as possible.
2. Course change requests will not be accepted after the first 5 days of the school year.
   a. * This applies to both 1st and 2nd semester courses.
3. Course change requests will not be accepted over the phone, fax, e-mail or voice mail message.
4. Students will be notified when the request has been processed. (Via the e-mail listed above)
5. Students must stay in their assigned classes until notified that a change has been made.
6. Counselors will notify teachers, students, and parents if necessary with any questions.
7. The goal is to have all requests completed by the 10th school day of the year. Please be patient.
8. Do not turn in additional forms for the same request.

Change Requested:
Schedule changes will be considered for core classes only. Changes to electives or teacher preferences will not be considered.

Course(s) to Add: ___________________________________________________________________________

Course(s) to Drop*: __________________________________________________________________________

___ 1st Semester ___ 2nd Semester ___ Both Semesters

*Note that this course change may result in a change to your electives and/or the order of your courses/teachers.

Reason for Request: (“X” applicable) You must meet at least one of the six criteria below.

_____ Incomplete schedule (less than a full schedule)  _____ Missing Grad Requirement (12th grade only)
_____ Time conflict with Running Start  _____ Missing College Requirement (12th grade only)
_____ Have already taken this class  _____ Missing Core Class (LA, Math, Sci, Soc. St.)
(If class was taken outside of Seattle Public Schools, an official transcript must be submitted to verify completion of the class)

Counselor Use ONLY

Counselor Response

_____ Your change has been processed and approved. 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 and/or approved.