

HIGH SCHOOL REQUEST FOR CHANGE IN ACADEMIC PROGRAM



Student: _____ **Grade:** _____ **Date:** _____

Directions: Please complete this form in the following order:

1. Cleared by Registrar to drop class _____ See note below
2. Ask the appropriate teachers to sign the form in the designated boxes below.
3. Discuss the changes with parents. Parent signature: _____
4. Return form to the Registrar with all signatures.
5. **DO NOT** make the program change or move classrooms until the request has been processed.

Period	Days	Class to Drop	Teacher's Initial	Period	Days	Class to Add	Teacher's Initial

Routing: Student Teachers Listed Above Parent Signature Registrar