SEQUIM HIGH SCHOOL COURSE CHANGE REQUEST

Student Name:

_____   **Grade:** _____   **Date:** _____
(Last)   (First)

Parent E-mail: _____   **Phone:** _____

1. This is a **request** form **only**. There are no guarantees that your request will be granted.
2. **Course change requests must be submitted no later than the third day of the semester.**
3. You will be notified if your request has been approved.
4. You must remain in the assigned classes until you are notified by a counselor.
5. Schedule change requests will be handled in the priority listed below; teacher initials or comments may be needed.
6. Approval of this request will be subject to course availability and master schedule flexibility.
7. Form must be completely filled out to be considered for a schedule change.

Classes are built upon student course requests and alternate requests. Elective requests after the fact will not be permitted.

<u>REASON FOR REQUEST: (Check Appropriate Reason)</u>

_____   1. Unassigned Period   _____   4. Placement to More Appropriate Course Level

_____   2. Missing Graduation Requirement   Teacher Initials _____

_____   3. Math Placement - Change must be   _____   5. Missing College Entrance Requirement
made by math teacher. Request that your
teacher send an e-mail to your counselor.   _____   6. Conflict with Running Start/PC Schedule

No other reasons for schedule changes will be considered (i.e. change in lunch/electives/teachers)

CHANGE REQUESTED:
(BE SURE TO REVIEW THE MASTER SCHEDULE TO SEE IF YOUR REQUEST IS FEASIBLE)

PERIOD	DROP REQUESTED CLASS	ADD REQUESTED CLASS	ALTERNATE REQUESTED CLASS
0			
1			
2			
3			
4			
5			
6			

Parent Signature Required: _____

COUNSELOR USE ONLY

Counselor Response:

_____   Your change has been processed. Attached is your new schedule.

    1.) Show this to affected teachers and return any books/instructional materials no longer needed.

    2.) Your name will appear on the fine list if you do not return these items.

_____   Your request does not fit into the above guidelines.

_____   One or more of the courses you requested are full.

_____   Other:

OFFICE USE
IEP: ☐ Yes ☐ No
Case Manager: