

FHS - Course Change Request Form

A class withdraw after 5 weeks will result in a grade for the Term & a "W" on the Report Card/Transcript.

Signatures are required in order from top to bottom.

Student: _____ Grade: _____ Date: _____

Why are you requesting this change? _____

Drop	Add
Course Name: _____ Period: _____ Teacher: _____ Recommended for course: <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u> Department Head Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u>	Course Name: _____ Period: _____ Teacher: _____ Teacher Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u> Department Head Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u>
Course Name: _____ Period: _____ Teacher: _____ Teacher Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u> Department Head Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u>	Course Name: _____ Period: _____ Teacher: _____ Teacher Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u> Department Head Signature: _____ <input type="checkbox"/> <u>Approve</u> <input type="checkbox"/> <u>Do not Approve</u>

Guidance Counselor: _____

Date: _____

Parent/Guardian: _____

Date: _____

LAST SIGNATURE

Administrator: _____ Date: _____

Students must remain in the original class until given a new schedule.