

# JUDSON HIGH SCHOOL COURSE CHANGE REQUEST

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(last) (first) Date: \_\_\_\_\_

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted.
2. You must **REMAIN in assigned classes** until notified by the Registrar office.
3. Course change requests will be processed as quickly as possible; teacher initials or comments may be needed.
4. You will be notified in writing when your request have been processed.
5. Course change requests **must be submitted no later than the end of the fifth school day** of the semester.

**Reason for Request: (please circle)**

Unassigned Period Placement to More Appropriate Course Level

Missing Graduation Requirement Missing College Entrance Requirement

\*\* No other reason for schedule changes will be considered (i.e. change in electives/teachers)

**Change Requested:**

Drop Requested		Add Requested
Period	Class	Class
1		
2		
3		
4		
5		
6		
7		

Teacher Initial \_\_\_\_\_

Teacher Comments

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Registrar Use Only\*\*\*\*\*

**Registrar Response:**

\_\_\_\_\_ Your change has been approved. Show this to affected teachers and return all books/instructional materials no longer needed.

\_\_\_\_\_ Your change has been declined

Registrar: \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Updated on RenWeb  
 m/d/y