

CHANGE REQUEST FORM

REQUEST TO BE TAKEN OUT OF TEACHER RECOMMENDED COURSE

I, _____ do not wish to take _____ that was
(student name) (course)
recommended for me by my teacher. I would like to replace this course with
_____ and realize that in order for this change to take place I must
(course)
meet all requirements and prerequisites listed in course description book.

Signatures:

Student _____ Date _____

Parent _____ Date _____

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