

Kealing Middle School

ELECTIVE COURSE CHANGE REQUEST FORM

Students who would like to request a single semester elective course change are required to complete the following information. After completing and signing the form, please return it to the Program Office no later than 3:00 pm on 8/29.

SECTION A: STUDENT

NAME: _____ / _____ GRADE: 6 7 8
(Last) (First) (Circle)

Student ID: _____

- You must answer this question: Why are you wanting to drop this course? _____

SECTION B: CHANGE REQUEST

DROP: _____ / _____
(Course) (Period) (Teacher)

REQUEST: _____ / _____
(Course) (Period) (Teacher)

WARNING: Dropping a course may endanger your required credits. Dropping a course such as, a world language, Fine Arts or Physical Education (without a waiver) may be denied. Make sure you are monitoring the necessary eligibility requirements to complete middle school.

Elective Change Requests that will not be approved include (but are not limited to):

1. The drop request is for a course that was a top 10 choice on the student's choice sheet.
2. Changing the course may negatively impact the student's middle school completion status or track.
3. The course being requested is full or conflicts with the student's current course selections. Requested elective changes must be during the same class period!
4. The requested course is a class previously completed.
5. The dropped class is a yearlong elective.
6. The elective change deadline has passed.

****Completion of this form does NOT guarantee a change in elective****

SECTION C: REQUIRED SIGNATURES

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

For office use only:

Student request successfully complete and notified _____ Date: _____