DATE:/			
<u>co</u>	URSE RECOMMENDATION CH	IANGE FOR	<u>M - 2023-24 SCHOOL YEAR</u>
Most rec	Course recommendations are a ommendations are locked and can o	vailable to vio	ew in StudentVue. d through the counseling office.
This form r	nust be completed and returned to	o the the cou	nseling office by <u>Feb. 13, 2023</u>
			Current Grade
LAST NAME FIRST NAME		STUDENT #	
Course(s) you	would like to DROP :		ou would like to ADD :
Course #	Course Recommendation Name	Course #	Course Name
* Please not <i>All sch</i>	e that there is no guarantee of these nedules are subject to change at an	requests due ty time due to	e to the constraints of the master schedule. staffing needs, program changes, etc.
Parent/G	uardian/Caregiver Signatu	re and cor	ntact information is required
Email address:		Phone # C:	H:

Deadline is February 13, 2023

Parent/Guardian/Caregiver signature