

DATE: ____/____/____

COURSE RECOMMENDATION CHANGE FORM - 2024-25 SCHOOL YEAR

_____, _____, _____ Current Grade Level: _____
LAST NAME FIRST NAME STUDENT #

Course recommendations are available to view in StudentVue.

Most recommendations are locked and can only be changed through the counseling office.

This form must be completed and returned to the MS counseling office, Rm 318 by Feb. 12, 2024

If you are adding a course ensure that you meet the prerequisites.

Be advised if you choose to override a teacher recommendation you will need to stay in the requested class for the first 9 weeks of the course and take advantage of the centers. In order to make a change before the end of the 9 weeks an administrator must approve. Also, if you get approval to change your schedule note that does not guarantee availability in the alternative class, as space may be limited.

Course(s) you would like to **DROP**:

Course(s) you would like to **ADD**:

Course #	Course Recommendation Name	Course #	Course Name

* Please note that there is no guarantee of these **requests** due to the constraints of the master schedule.

All schedules are subject to change at any time due to staffing needs, program changes, etc.

Parent/Guardian/Caregiver Signature and contact information is required

Email address: _____ Phone # C: _____ H: _____

X _____
Parent/Guardian/Caregiver signature

Deadline is February 12, 2024