

# **REQUEST FOR CHANGES IN COURSE SELECTIONS**

**This form is NOT to be used for Course Level Change Requests!**

**ALL REQUESTS FOR CHANGES MUST BE SUBMITTED IN WRITING, USING THIS FORM, TO THE GUIDANCE OFFICE BY FRIDAY, MARCH 14, 2008. CHANGES MADE AFTER THIS DATE WILL BE FOR EXTENUATING CIRCUMSTANCES CAUSED BY THE MASTER SCHEDULE OR FOR STUDENTS WHO ARE NOT CARRYING ENOUGH CREDITS. THIS IS ONLY OPPORTUNITY TO REQUEST A CHANGE. Since a parent/guardian signature is required, no email or phone requests can be accepted.**

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Phone/Cell Number of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Student Email \_\_\_\_\_

**Please keep in mind that requests for class periods, semester, middle school team and teacher preferences cannot be honored.**

Please drop the following course(s):

\_\_\_\_\_  
\_\_\_\_\_

Please add the following course(s):

\_\_\_\_\_  
\_\_\_\_\_

Please state your reason(s) for the above requested course change(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you grant permission for your student to pursue the above course change(s). While your student's counselor cannot guarantee that the change will be made, every effort will be made to provide your student with the best educational experience possible. ***ALL requests must be made using this form.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please deliver form to the guidance office or mail form by **March 14, 2008** to:  
Guidance Office; Hampshire Regional High School; 19 Stage Rd.; Westhampton, MA 01027  
or FAX to 413-529-2782