CARMEL HIGH SCHOOL
REQUEST FOR SCHEDULE CHANGE

STUDENT’S NAME_________________________________________ ID#_________ Grade________

COUNSELOR____________________________________________ Date________________

STUDENT IS REQUESTING TO: DROP________________________________________

ADD________________________________________

(Course Name)

(Course Name)

PLEASE NOTE OUR DROP/ADD POLICY

Deadline for dropping or adding a full year course:
Prior to the 1st quarter 5 week report

Deadline for dropping or adding a semester course:
First Semester:
Prior to the 1st quarter 5 week report

Second Semester:
Prior to 3rd quarter 5 week report

CLASSROOM TEACHER RECOMMENDATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

1. TEACHER SIGNATURE______________________________________________

2. DEPARTMENT CHAIR______________________________________________

3. ADMINISTRATOR___________________________________________________

STUDENT’S SIGNATURE:_______________________________________________

COUNSELOR’S COMMENT:______________________________________________

PARENT’S SIGNATURE**________________________________________________

**Parents are strongly advised to consider the teacher’s recommendation prior to signing. We would encourage you to contact the teacher if you have any questions regarding the recommendation.