

**2016/2017
CARMEL HIGH SCHOOL
REQUEST FOR SCHEDULE CHANGE**

STUDENT'S NAME _____ ID# _____ Grade _____

COUNSELOR _____ Date _____

STUDENT IS REQUESTING TO: **DROP** _____
(Course Name)

ADD _____
(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.**