

## 23-24 Course Correction Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
(LAST, FIRST)

Check your Counselor: (based on student last name)

☐ A – C Wallace    ☐ D – H Schenk    ☐ I – Mh Nairn    ☐ Mi – Sb Williams    ☐ Sc – Z Norquist

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted.
2. You must **REMAIN in assigned classes** until notified by your counselor.
3. Course change requests will be processed as quickly as possible; teacher signature may be needed.
4. You will receive notification when your request has been approved or denied.
5. We do not maintain a waitlist.
6. Course correction request(s) **must be submitted no later than 2/07/2024 by 2:30 in the counseling office.**

### REASON FOR REQUEST: (please check one)

☐ Unassigned Period    ☐ Missing Graduation Requirement    ☐ Missing College Entrance Requirement  
☐ Conflict with Running Start    ☐ Academically Misplaced

\*No other reasons for schedule changes will be considered (teacher requests, lunch assignments)

	Drop Requested	Add Requested	Teacher Signature (required for TAs, honor courses, and classes requiring Pre-Approval)
Period	Class	Class	
1			
2			
3			
4			
5			
6			

\_\_\_\_\_  
Parent Signature (required for any request)

\_\_\_\_\_  
Student Signature (required for any request)

\*\*\*\*\*Counselor Use Only\*\*\*\*\*

### Counselor Response:

☐ Your change has been approved. Attached is your new schedule. Show this to affected teachers and return any books/instructional materials no longer needed. **NOTE: Your name will appear on the fine list if you do not return these items.**

☐ Your request does not fit into the above guidelines.

☐ Your request cannot be granted because class(es) are full.

Other: \_\_\_\_\_