

**Schultz Junior High**  
**Course Request Change Form 2019-2020**

Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Course Request Change:

- |                |           |
|----------------|-----------|
| 1. From: _____ | To: _____ |
| 2. From: _____ | To: _____ |
| 3. From: _____ | To: _____ |
| 4. From: _____ | To: _____ |

Reason for Change:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

**For Office Use Only:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_