

Duanesburg Central MS/HS
Student/Parent Initiated Course Change Form

- 2009-2010
 2010-2011

In order to drop a course after the course has begun, the student must get the following signatures to receive a schedule change.

I, _____ would like to drop the course
Student Name

_____ and add _____
Course title/period offered Course title/period offered

for the following reason (s): _____

Student signature Date

Step 1: Parent Signature

I have discussed this change with my child and ___ agree ___ disagree:

Parent signature Date

Step 2: Teacher Signature

I have met with the student regarding this course change and ___ agree ___ disagree:

Teacher signature Date

Step 3: Counselor Signature

I have met with the student regarding this course change and ___ agree ___ disagree:

Counselor signature Date

Please obtain the following additional signatures for approval:

Department Chair signature	Date
----------------------------	------

Principal signature	Date
---------------------	------

Additional comments: