CVHS 2016-17 Registration

Request for changes to original course requests

Name: _____ ID Number: _____

Counselor: _____

2016-17 Grade Level:_____

Previous Class Requested (listed on student portal):_____

New Class Request: _____

Reason:

_____

_____

_____

☐ AP/Honors Contract attached, if necessary

☐ Pre-Requisite Waiver attached, if necessary

<u>All course request changes must be submitted by May 27, 2016</u>

Parents and Students Please Note:

1. *No late forms will be accepted*
2. *By signing this form you are agreeing to this being the final course request for the 2016-17 school year.*
3. *Please check all prerequisites, qualifications, and course descriptions in the Course Catalog on www.gusd.net.*
4. *Course availability, spring semester grades, teacher recommendations, or summer school may necessitate changes in student's schedule.*
5. *Once schedules are assigned, no alternate courses will be available.*
6. *Classes are NOT scheduled or changed to accommodate time, teacher preference, or teaching style.*

Student Signature: _____ Parent/Guardian Signature: _____

Student or parent email address:_____

Date submitted to Counselor: _____ Date processed by Counselor:_____