

Neuqua Valley High School Guidance Department
ELECTIVE COURSE CHANGE REQUEST

LAST NAME	FIRST NAME	ID#
STUDENT EMAIL	CELL PHONE	HOME PHONE

Changes will be made based on seat availability and are not guaranteed. If dropping a full-year course, then your replacement should fill two semesters. This form is NOT for a level change. Due to Class House by MAY 30th, 2014.

DROP(s): _____

ADD: (1st Choice) _____ (2nd Choice) _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

PARENT EMAIL: _____

PARENT CELL NUMBER: _____

<u>Office Use Only</u>
Date/Time Received _____
Initials of Staff _____

May 2014

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