

## 2015-2016 Request for Course Change

\_\_\_\_\_  
Student Last name, First name      2015-2016 Grade      Counselor

Add:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Drop:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reason for Request:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Parent email \_\_\_\_\_/Parent Cell Phone # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student email \_\_\_\_\_/Parent Cell Phone # \_\_\_\_\_

Please return these forms to The Counseling Center by:

1. Email [adipietro@csh.k12.ny.us](mailto:adipietro@csh.k12.ny.us) or [scunneo@csh.k12.ny.us](mailto:scunneo@csh.k12.ny.us)
2. Fax Number for the Counseling Center (631) 692-7096
3. Student can return form to The Counseling Center between the hours of 7:30am to 3:00pm\*

**\*Please submit all forms via fax or email to The Counseling Center ASAP.**

**The last day to add a fall semester or full year course is September 17, 2015**

**The last day to add a spring semester course is February 5, 2016**

**The last day to drop a fall semester course is October 20, 2015**

**The last day to drop a full year course is December 18, 2015**