

## 2016-2017 Request for Course Change

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Student Last name, First name	2016-2017 Grade	Counselor
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Add:

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

Drop:

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

Reason for Request:

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

Parent Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

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

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

Student email \_\_\_\_\_/Student Cell # \_\_\_\_\_

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 form to The Counseling Center (631) 692-7096
3. Student can return form to The Counseling Center between the hours of 7:30am to 2:30pm\*

**\*Please submit all forms to The Counseling Center ASAP.**

**\*Please note that there are NO teacher or period changes to student's schedules.**

**\*Priority will be given to academic courses**