Garfield HS 1st & 2nd Semester Course Change Request

Please PRINT CLEARLY and fill in ALL the information below

Date: ˌ	Counselor (12A School Cour	nselor HS on bottom of schedule):
Studer	nt Name (Last, First):	Student ID#:
Grade	: Phone:	Email:
	a REQUEST form ONLY. There are no guara	•
	Complete the form and submit to your cour	•
۷.	Course change requests will not be accepted a. * This applies to both 1st and 2nd set	•
3.	• •	ed over the phone, fax, or voice mail message.
4.		has been processed. (Via the e-mail you list above)
5.	•	s until notified that a change has been made.
6.	Counselors will notify teachers, students, as	nd parents if necessary with any questions.
7.	The goal is to have all requests completed by	by the 10 th school day of the year. Please be patient.
8.		e request. If you have a question after you hear back on the
	decision stay on the same e-mail with your	counselor to get clarification.
	e(s) to Add:e(s) to Drop*:	
	t Semester 2nd Semester Bo that this course change may result in a change t	oth Semesters to your electives and/or the order of your courses/teachers.
Reaso	on for Request: ("X" applicable) You must	t meet at least one of the six criteria below.
I	ncomplete schedule (less than a full schedule)	Missing Grad Requirement (12th grade only)
T	Time conflict with Running Start	Missing College Requirement (12th grade only)
If class official	Have already taken this class s was taken outside of Seattle Public Schools, an transcript must be submitted to verify etion of the class)	Missing Core Class (LA, Math, Science, History)
	Couns	elor Use ONLY
Counseior Ose Oiver		

Your change has been processed and approved. Attached is your new schedule. Show this to affected teachers and return any books/instructional materials no longer needed.

Your request has not been processed and/or approved.