



STAPLES HIGH SCHOOL

70 North Avenue, Westport, Connecticut 06880

Guidance Department

Phone: (203) 341-1225

Fax: (203) 341-1235

2019-20 Course/Schedule Change Request Form

In order for a change to be considered once the designated course selection window has passed, this form must be completed in its entirety, including both Section I and Section II. Requests will be prioritized based upon academic necessity and space availability. Completed forms must be returned to the Guidance office.

TURNING IN THIS FORM DOES NOT GUARANTEE A CHANGE WILL BE MADE.
THE GUIDANCE OFFICE WILL NOTIFY YOU WHETHER THE REQUEST IS APPROVED OR DENIED
VIA SCHOOL EMAIL PRIOR TO THE BEGINNING OF THE 2019-20 SCHOOL YEAR.

SECTION I:

Indicate your course/schedule change request below. You will describe the reason(s) for your request in Section II.

Student Name: _____ Grade (in 2019-20): _____ Counselor: _____

- Missing a required course
- Unbalanced schedule (ex. too many courses in Semester 1 and not enough in Semester 2)
- Add a course during a free period
- Drop a course to take a free period
- Failure of a course/Loss of credit
- Level change (*previous teacher recommendation required to advance levels; no overrides accepted*)
- Other (*please describe*): _____

SECTION II:

Use the space below to describe in detail the reason(s) for your request listed in Section I. You must include the course(s) you are requesting to add, drop, or change and specific reasons why. Course placement will be based on space availability; requests for specific teachers or periods cannot be accommodated.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Counselor Signature: _____

Date: _____

Counselor Notes:

Approved: ___ Denied: ___
Administrator Signature: _____