



**RCS**

SECONDARY CAMPUS

# Course Change Form

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*If this is your SECOND course change in September, please do not forget to include the \$50.00 fee*

CURRENT COURSE SCHEDULE <i>Please fill in ALL courses and terms, if applicable</i>		REQUESTED COURSE SCHEDULE <i>Please fill in course changes and terms only, if applicable</i>		Admin Only	
Block	Full Course Name	Block	Full Course Name	Full	Alternate
A		A			
B		B			
C		C			
D		D			
E		E			
F		F			
G		G			
H		H			
X		X			

Reason(s) for Change:

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

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

Administrative Use Only:

<input type="checkbox"/> See Academic Counselor	Reason:	<input type="checkbox"/> Courses are full
<input type="checkbox"/> Approved		<input type="checkbox"/> Prerequisites not met
<input type="checkbox"/> Approved with Changes		<input type="checkbox"/> Course Change Reason Insufficient
<input type="checkbox"/> Denied		<input type="checkbox"/> Course Number Balance Issues
		<input type="checkbox"/> Other:

\_\_\_\_\_  
Administrative Signature