

Track Change Request Form

Student Name: _____ Student Number: _____

I request that the above named student be granted admission to the following course:

Course Name: _____ Requested Track: _____

I understand that this course track was not the recommendation of the course instructor or the department chairperson. I realize that admission to the course will only be granted on a space available basis and at the discretion of the Assistant Principal for Academic Affairs. I understand that should my child be granted admission to the above course he/she will not be permitted to drop the course for any reason once admission to the course is granted.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

*The above named student **may** be considered for the designated course (REQUIRED)*

Current Teacher: _____ Date: _____

Department Chairperson: _____ Date: _____

Please return completed form to the Office of Academic Affairs by May 7, 2018.

Attach to Course Selection Sheet