

The Woodlands High School Counseling Office
COURSE REQUEST CHANGE FORM
THIS FORM MUST BE IN THE COUNSELOR'S OFFICE BY MAY 5, 2017.

ID# _____ Last name _____ First name _____
 Circle next year's grade level:
 12 11 10 9

	Course Name DROP	Course Name ADD	TEACHER SIGNATURE (If required)
1.			
2.			
3.			

I understand that this change may affect requirements for my graduation plan and I take all responsibility for whatever effect this change may have.

 Student Signature

 Parent Signature

If the course you are adding is an Honors/PreAP, Dual Credit or AP level class, you will need to sign the Commitment Statement below.

**COMMITMENT STATEMENT FOR HONORS/PREAP, Dual Credit & AP
 COURSE(S)**

I have read and I understand the expectations for participating in the Advanced level courses at The Woodlands High School as stated in the Program of Studies (Course Description Guide). I understand the criteria and am personally committed to expend the time and effort necessary for success. I accept that I must work to the best of my ability in order to be a part of this program. By entering into an Advanced level course, I understand that I am making the commitment to that course for the entire course. Schedule changes will only be made for students who are academically misplaced.

 Student

 Date

 Parent

 Date

Approved _____	Not Approved _____	Counselor _____
Input Date _____ by _____		