



# LaCrosse High School Course Change Form

## Information for student and parent/guardian:

- This is only a request and there is no guarantee that the request can be met.
- A change in course may affect a student's schedule and other classes the student is taking currently.
- No classes required for graduation may be dropped. Please consult the counselor if necessary.
- Students may withdraw from a course within the first five days of the semester.
- Students who drop a class after the first five days of the semester will receive a grade of WF (withdraw with a failing grade) and will have the failing grade calculated into their grade point average.
- Students must be enrolled in at least five classes to participate in competitive extracurricular activities.
- Students must maintain their current schedule until paperwork is completed, they have met with the counselor, and the course change is approved.
- This form must be completed by the necessary people in the order listed.
- Completed forms need to be returned to the counselor.

## Part 1. Student Information (to be completed by student)

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Request: \_\_\_\_\_



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Part 2. Course change request (to be completed by student)

Course to be dropped/changed: \_\_\_\_\_

Course to replaced dropped/changed: \_\_\_\_\_

Is this course required for graduation: Yes \_\_\_\_\_ No \_\_\_\_\_

If this course is required for graduation, how will it be satisfied:

\_\_\_\_\_  
\_\_\_\_\_

The educational reason for this change request must be explained below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part 3. To be completed by teacher

Current grade: \_\_\_\_\_ Recommendation (circle): Drop    Remain

Teacher comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Part 4. To be completed by the counselor

Counselor comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Counselor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Part 5. To be completed by parent/guardian

I agree to the provisions in the course change form and am aware and understand the policies involving extracurricular activities and graduation requirements.

Parent/guardian signature: \_\_\_\_\_

Parent/guardian phone: \_\_\_\_\_

Date: \_\_\_\_\_

Part 6. Office Use Only

Principal Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_