

DREHER HIGH SCHOOL  
Counseling Department  
**Course Request Change Form**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

I am requesting the following schedule change(s):

DROP (course name) \_\_\_\_\_ ADD (course name) \_\_\_\_\_

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

DROP (course name) \_\_\_\_\_ ADD (course name) \_\_\_\_\_

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

DROP (course name) \_\_\_\_\_ ADD (course name) \_\_\_\_\_

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

DROP (course name) \_\_\_\_\_ ADD (course name) \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Note: Students MUST continue to follow their current schedule until they receive an updated schedule from the counseling department. Not all schedule change requests will be able to be fulfilled.