Bellaire High School
Counseling & Guidance Department
Course Change Request Form

Name_________________________ Grade _____ Student ID# _______________________

Phone #______________________ Email __________________________________________

Are you and IB Student? Yes  No

Please check the appropriate reason for a schedule change

_____ Credit was received for summer school work and an adjustment is needed.

_____ The required English, Math, Science or Social Studies class is missing.

_____ A course needed for graduation is missing.

_____ A class period is missing or repeated.

_____ An error (Incorrect course listed or student has not satisfied prerequisite)

Change Requested
Drop Course:  _________________________________________________________________

Add Course:   _________________________________________________________________

Parent Signature: ___________________________ Date ____________________________
Signature: ___________________________ Date ____________________________

Fernandez (M,N, &V)  Hill (P, Q,R, Y)  Davis (S & T)  Flanagan (C & W)  Vides (ESL Students)