



Warwick High School
Course Recommendation Change Request
*For courses that have a prerequisite or require a teacher
 recommendaton*

Completed request form must be submitted to the WHS Counseling Office within 3 school days of the start of each semester. One form required for each request. Complete items above the red line.

Student Name: _____ Grade: _____

I am requesting _____ (course) replace
 _____ (course).

I have met the prerequisites for this course.

- Yes (refer to course curriculum guide and please document below)

- No (please explain why you should be considered for this course)

Parent/Guardian Signature: _____

Parent/Guardian phone/email: _____

Student Signature: _____

Date Submitted _____ to Counselor _____

Date: _____ forwarded to Department Head _____

Date: _____ Department Head reviewed request. *(Please initial)*

- Yes, this change is approved and parent has been contacted. (Return form to counselor)
- No, this request is not approved and parent has been contacted. (Return form to counselor)
- Defer to administrative decision. (Send form to Assistant Principal)

Date: _____ Admin Approved Admin Not Approved
 (AP, Please initial and return to counselor)