

Counsellor's Signature:

Course Credits Before:

<u>Timberline Course Change Request Form</u>

Student Name:	Date of Request:						
Dear Parent/Guardian, Please review the details of this form care academic progress. Changing a course macourses, or the overall balance of their sc	ay impact your c	hild's graduati	on requirements, p	rereq	uisites for futur	·e	
Classes proposed to be dropped/change	d	<u>, </u>		_			
Course	Sem	Block	Course Change		Study Block		
Course	Sem	Block	Course Change		Study Block		
Course	Sem	Block	Course Change		Study Block		
Reason(s) for request:							
If your child is applying for a Study Block. education. Here are some important poir 1. Students who have a Study Block 2. During the Study Block students a. Study in the Library b. Study in the cafeteria c. Leave the building Students who are not in these areas may for their Study Block. 3. Study Blocks do not offer credit. If you require further information, please	ts about a Study k spend 25% of thave three option be re-programn This can be a pr	/ Block: cheir school da ons: ned into a clas oblem at grad	y without instructions s or may be assigne	on or	supervision. a particular spac		
Parent/Guardian name (print):							
Parent Signature:							
STUDY BLOCKS AR	RE ONLY	AVAILAE	BLE FOR GR	RAC	DE 12'S		
	Office	Use Only					

Administrative Approval:

After: