OAK PARK HIGH SCHOOL
REQUEST FOR PROGRAM CHANGE

_____ _____ _____
(Please print) Last Name   First Name   Grade   Counselor

Programs were made on the basis of **YOUR** course selections and alternative choices.
Adjustments were made on the basis of summer school attendance and/or your grades in prerequisite courses. If an error has been made, please indicate what the error was. We will make every effort to correct it as soon as possible.

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*Changes will **NOT** be approved on the basis of having changed your mind or for the request of a particular teacher or period.*
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Changes **MAY** be made for the following reasons:
1. You are lacking a graduation requirement.
2. Course prerequisites were not completed with a grade of "C" or better.
3. Prior approval, as required, was not obtained.
4. Student previously received a failing grade from an instructor.
5. Error in schedule (wrong class assigned, no class assigned, duplicate class assigned.)
6. Balancing class sizes (Counselor or Administrator may change a student's program to balance class size for maximum learning environment.)
7. A student may be removed from a class if counseling and other corrective measures have failed to create a positive situation for the student and the rest of the class. The removal may include a withdrawal/fail (WR) on the student's record.

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YOU MUST ATTEND ALL CLASSES LISTED ON YOUR ORIGINAL SCHEDULE UNTIL NEW SCHEDULE IS ISSUED!
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COURSE REQUESTED TO BE DROPPED: _____

COURSE REQUESTED IN ITS PLACE: _____

NOTE: Check your OPHS Catalog to be certain that the course to be dropped does not affect eligibility requirements for graduation, college admission, CIF, CSF, NCAA, or extra-curricular activity participation.

Reason for requested change: _____

_____

_____

PARENT SIGNATURE: _____ **DATE:** _____

TELEPHONE NUMBER: _____ **E-mail:** _____

Teacher approval (if required): _____ **DATE:** _____

REQUEST FOR CHANGE IS DENIED ( )   APPROVED ( ) _____ _____
                                                                                  (Counselor Siguature)   Date
Comments: _____

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