

Cincinnati Central School
School Counseling Office
2809 Cincinnati Road
Cincinnati, New York 13040



Telephone (607) 863-3200 Ext. 3

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Course Change Form

Student Name _____ Date _____ Grade _____

It is understood that courses are selected with the recommendations of students, Teachers, Parents and Counselor and change should not be necessary. Request to change these agreed upon courses should be done in light of both career plans and diploma requirements of the student rather than preferential consideration.

REQUIRED PROCEDURES:

1. The presentation of this form denotes a proposal only. Discussion between student and teacher and parent should precede any signatures.
2. Starting in the 2012-13 school year there are new policies to dropping courses. A student cannot drop a full year course after the first 10 weeks of school. A student cannot drop a half year course after the first 5 weeks of that course. Please note: A course that runs every other day for the whole year is considered a half year course. A student will need to remain in all courses and be held responsible for all classes after the aforementioned drop periods. There may be extreme exceptions to the above policy such as a medical emergency. If this is the case, there would be a committee formed that would consist of student, parent, teacher, principal and counselor to determine if the student can drop a course after the official drop period. **Please note the following dates:**
Last day to drop half year course, semester 1: October 5, 2018
Last day to drop full year course: November 9, 2018
Last day to drop half year course, semester 2: March 8, 2019
3. Written explanation and details are required by the student, all teachers involved as well as comment by parents and counselor. A signature will not suffice.
4. **Responses and signatures are to be completed in the order presented on this form.**

A. Can this schedule change be made without disrupting the student's diploma requirements and/or academic eligibility?

YES _____ NO _____ Explanation and Plan _____

Date _____ *Counselor's Signature _____

*** A counselor's signature here does not constitute a recommendation, but only acknowledgement of possibilities regarding diploma requirements.**

B. Course to be dropped _____ period _____

1. Students explanation (in detail) _____

Date _____ Student Signature _____

If teacher disagrees, teacher may hold this form and contact parent within 2 days prior to Step 3.

2. Teacher's Response (in detail) _____

Date _____ Teacher Signature _____

3. Parent's comments and decisions (in detail) _____

Date _____ Signature _____

C. Course to be added _____ Period _____

1. Student's explanation (in detail) _____

Date _____ Student Signature _____

If teacher disagrees, teacher may hold this form and contact parent within 2 days prior to Step 3.

2. Teacher's Response (in detail) _____

Date _____ Teacher Signature _____

3. Parent's Comments and Decisions (in detail) _____

Date _____ Signature _____

Final Disposition: **Acceptable** _____ **Unacceptable** _____

Signature of Counselor/Administrator _____

Date: _____