

Canton High School Guidance Department 2009-2010 Schedule Change Request Form

Please complete this form and return it to the guidance office by July 31, 2009.
Please use a separate form for each course change. Additional forms are available at
our web site: www.cantonma.org/chs

Student Name: _____ Year of Graduation: _____

Counselor: _____ Phone #: _____

Nature of Request (check one):

- | | |
|--|--|
| <input type="checkbox"/> Missing core course | <input type="checkbox"/> Fewer than 38 Credits |
| <input type="checkbox"/> Missing elective course | <input type="checkbox"/> Other |

Course(s) to be added: _____

Course(s) to be dropped: _____

Reason for request: _____

Counselor response: _____

Until provided with a new schedule or until you have received a response from your counselor, *it is important that students follow their schedule that is mailed home in August.*