

DEPAUL CATHOLIC HIGH SCHOOL  
COURSE CHANGE REQUEST FORM

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

This change is requested for the following reason (check one):

Conflict resolution (No charge) \_\_\_\_\_

Change in schedule (\$50 charge) \_\_\_\_\_

Dropped class(es)

Added course(s)

_____	_____
_____	_____
_____	_____
_____	_____

Change authorized by: \_\_\_\_\_

This form, accompanied by the \$50 change fee, must be signed by a parent and returned to your guidance counselor before the course change will take effect.

Parent signature: \_\_\_\_\_

Parent name (please print): \_\_\_\_\_

Date: \_\_\_\_\_