



Johns Creek High School Course Waiver

Based on the evaluation of my performance in previous courses, I understand that I have been recommended for enrollment in the following course for the 2010-2011 school year:

Name of Course (Full name no abbreviations)

I, _____, request a change in my
Print Name Legibly

academic placement. I request to be placed in _____ instead.
Name of Course (Full name no abbreviations)

- I understand that this is a more challenging class and will require more work on my part.
- Students can only initiate the schedule change process during the **first 15 days of the semester**. I also understand that if I experience difficulty in this class, after that time period **I will not be able to drop the class until the end of the semester**.
- I understand that the teacher of the class is under no obligation to provide me with assistance or tutoring above or beyond what is available to other students.
- Lastly, I understand that if I perform poorly in the requested course it may affect my scheduling options, Numeric Average/GPA, graduation progress, honors and awards, college options, and scholarship opportunities.

Student's Signature _____ Telephone (____) _____ Date _____

Parent's Signature _____ Telephone (____) _____ Date _____

RETURN THIS FORM TO GUIDANCE OFFICE BY MAY 7th.

For Office Use Only

Approved

Not approved (does not meet the grade requirement)

Administrator Signature _____ Date _____

You will be informed as to the disposition of your request as soon as possible.

DISCLAIMER: After thoroughly reviewing a course change request, it may be denied due to the limitations of the master schedule.