MONTGOMERY COUNTY PUBLIC SCHOOLS





# SILVER SPRING INTERNATIONAL MIDDLE SCHOOL

# **An IB World School**

313 Wayne Avenue, Silver Spring, MD 20910 Phone: 240-740-2760 Fax: 301-562-5244

**COURSE CHANGE REQUEST FORM**

*Form to request change to courses that are registered for 2019-2020*

Please use this form to request a change to any courses that you are registered for.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: 6 7 8

I would like to request the following course change(s):

**Student Name/grade**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID**# \_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to request the following course change(s):

* Course: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for request:
* Course: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for request:
* Course: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for request:

Due to scheduling constraints students do not always receive their first or second choice elective(s). ***Elective selections are not guaranteed***. Throughout the summer, changes are also made to classes and electives based on staffing, class size, and further data etc. Your signature acknowledges your course change request and understanding of the above statement.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required signature)

Please return this form directly to the Counseling Office or email it to the attention of your child’s counselor. **NO LATER THAN JUNE 30, 2019**

6th: [**Alice\_E\_Baker@mcpsmd.org**](mailto:Alice_E_Baker@mcpsmd.org)[**Laura\_H\_Manfreda@mcpsmd.org**](mailto:Laura_H_Manfreda@mcpsmd.org)

7th: [**Elizabeth\_G\_Becker@mcpsmd.org**](mailto:Elizabeth_G_Becker@mcpsmd.org)[**Richard\_B\_Solomon@mcpsmd.org**](Richard_B_Solomon@mcpsmd.org)

8th: [**Rosemarie\_Dapena@mcpsmd.org**](mailto:Rosemarie_Dapena@mcpsmd.org)[**Richard\_B\_Solomon@mcpsmd.org**](Richard_B_Solomon@mcpsmd.org)