



Request to Change Elective Class
Athlos Academy Counseling Department



LAST NAME	FIRST NAME	DATE

Changes will be made based on seat availability and are not guaranteed. No class changes will be made after August 30th.

	CLASS	TEACHER SIGNATURE	CLASS SIZE
DROP			
ADD			
DROP			
ADD			

COUNSELOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____