

TORREY PINES HIGH SCHOOL

Schedule Change Request Form

Student's Name: _____ Grade: _____ ID: _____

Class to Drop: _____

Teacher Signature _____

____ UC/CSU Approved Course**

____ Level Change

Class to Add: _____ Course #: _____

**I give permission for my student to drop the above-mentioned course and understand that dropping this course may jeopardize my student's options for college admission.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

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