

KLEIN HIGH SCHOOL COURSE REQUEST LIST 2017-2018

Current Grade Level: _____

COUNSELOR NAME _____

Student Name _____ Student ID _____ Phone _____ Student's Cell Phone # _____	Intended Graduation Plan (select one) Recommended (26 credits) Distinguished *(26 credits) *must include 3 yrs. same foreign language & 4 Advanced Measures*
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ALL SECTIONS MUST BE FILLED OUT COMPLETELY; NO CLASSES OR ALTERNATES LEFT BLANK

CLASSES	
1.English	
2.Math	
3.Science	
4.Social Studies	

In choosing your remaining course schedule, some classes may be a full year and some may be a semester. If choosing a semester course, please indicate 2 semester courses per line.

CLASSES	Course Name-1 st Semester	/	Course Name-2 nd Semester
5.			
6.			
7.			

Include (3) Alternate Course Selections. If choosing a semester course, please indicate 2 semester courses per line.

ALTERNATE CLASSES	Course Name-1 st Semester	/	Course Name-2 nd Semester
1.			
2.			
3.			

Student Signature

Parent Signature

I understand that the last day for schedule changes is June 8, 2017, at 3:00 PM. The next chance to change electives will be prior to the schedule change deadline for the 2017-2018 Spring Semester.

Counselor Copy