

## REQUEST FOR OFF-CAMPUS HOLD

(Complete the following steps, in order.)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

1. Courses you want to drop:

_____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
_____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
_____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
_____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem

Courses you want to add:

_____ Off Campus Hold _____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
_____	This class meets:	All year	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem

2. Please note that in order to be eligible for one or more periods of Off Campus Hold, seniors should fill out the request below.

Please explain why you need Off Campus Hold. If you are making the request due to attendance on a college campus, please list those classes here and attach a copy of your paid college registration.

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3. Parents must read and sign: I have read the Request for Schedule Change listed above. I am aware of the schedule change limitations in the CHS Student Handbook and understand that this change may not be allowed. I am also aware of any effects this change might have on graduation credits, honor graduate eligibility, scholarship eligibility, completer status, NCAA eligibility, AAA eligibility, and/or college entrance requirements.

Student Signature \_\_\_\_\_ Counselor Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_

*Return this form to the Counseling Center. CONTINUE TO FOLLOW YOUR PRESENT SCHEDULE UNTIL YOU ARE NOTIFIED OF THE CHANGE (ALL CHANGES ARE POSTED AS LIVE UPDATES ON HOME ACCESS CENTER)*

Office use only: APPROVED    YES    NO