

**JOHN A. FERGUSON SENIOR HIGH SCHOOL**  
**REQUEST FOR INTRA-DEPARTMENTAL CHANGE**

Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade \_\_\_\_\_ Period \_\_\_\_\_ Teacher Initiating Change \_\_\_\_\_

DROP (Class and Code)

ADD (Class and Code)

Reason: \_\_\_\_\_

Date \_\_\_\_\_

Students Notified? Yes  No

Parents Notified? Yes  No

Department Chair Signature \_\_\_\_\_

Please turn completed form to assigned counselor.