



Due to Guidance no later than February 7th for 20-21 School Year

**ECAP (Educational Career Action Plan)
COURSE REQUEST CHANGE FORM**

Student Name: _____ **Grade:** _____

Cell phone: _____ **Counselor:** _____

Email: _____

ECAP course to be dropped (DROP)

ECAP Course Requested* (ADD)

Reason for request: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Approved Denied _____

***** Changes to your ECAP could affect your needed pre-requisites in your Career Pathway.**

Requesting a course change does not guarantee placement in the class.

Please FOLLOW your current schedule until your request has been approved.

Check StudentVue to see if schedule has changed.

Office Use: Schedule changed on _____

Note in Synergy _____

Updated ECAP _____