

WESTVIEW COURSE REQUEST WORKSHEET

STUDENT LAST NAME	FIRST NAME	STUDENT ID #
<input type="checkbox"/> I WANT TO TAKE 3 CLASSES TERM 1 (30 CREDITS) <input type="checkbox"/> 1 ST PERIOD "OFF ROLL" <input type="checkbox"/> 4 TH PERIOD "OFF ROLL"	<input type="checkbox"/> I WANT TO TAKE 3 CLASSES TERM 2 (30 CREDITS) <input type="checkbox"/> 1 ST PERIOD "OFF ROLL" <input type="checkbox"/> 4 TH PERIOD "OFF ROLL"	<input type="checkbox"/> I WANT TO TAKE 4 CLASSES TERM 1 (40 CREDITS)
<input type="checkbox"/> I WANT TO TAKE 4 CLASSES TERM 2 (40 CREDITS)	<input type="checkbox"/> I WANT TO TAKE 4 CLASSES TERM 2 (40 CREDITS)	

	COURSE TITLE	
1	<input type="checkbox"/> High School English 3-4 <input type="checkbox"/> Honors Humanities 1-2	<input checked="" type="checkbox"/> Use this form as a guide to help you select your courses. <input checked="" type="checkbox"/> Please choose your courses carefully. We will develop classes based on students' requests. <input checked="" type="checkbox"/> Changes requested after Spring course selection may not be possible due to limited space. <input checked="" type="checkbox"/> Requests for specific teachers or periods will not be considered. <input checked="" type="checkbox"/> Elective choices are not guaranteed. Please select two alternatives to each of your elective choices.
2	<input type="checkbox"/> World History 1-2 <input type="checkbox"/> Honors World History/ <input type="checkbox"/> AP European History 1-2	
3	MATH	
4	SCIENCE	
5	PHYSICAL EDUCATION OR ELECTIVE	
6	WORLD LANGUAGE OR ELECTIVE	
7	ELECTIVE OR OFF ROLL	
8	ELECTIVE OR OFF ROLL	

Alternate Elective Choices

1. _____
2. _____
3. _____