



THE DISTRICT

DEPARTMENT OF GUIDANCE AND COUNSELING

Endorsement Change Request Form

Student Name: _____ ID# _____ Grade _____

Parent Name: _____ Parent Number: _____

I am aware that my student is requesting to change their CTE pathway/endorsement from: _____ to _____.

- I understand that my student must meet all the new endorsement requirements in order to graduate with this endorsement.
My signature below indicates that I agree to this change for the current school year or the next school year if the schedule change cannot be completed at this time.

If you have any questions, please contact your student's School Counselor.

Parent Signature _____ Date _____

Student Signature _____ Date _____

-----OFFICE USE ONLY-----

Student met with School Counselor on _____ (Date)

- Upon Appraisal and Advisement it was found that the endorsement change is:
[] APPROVED | The change will be effective _____
[] NOT APPROVED | due to the following reasons: _____

Parent was contacted on _____ (Date) _____ (Time)

Counselor Signature _____ Date _____