

Cleburne High School

REMOVAL FROM THE RECOMMENDED PROGRAM

I am aware that my child, _____, is requesting a schedule change that will take him/her off the Recommended Program and will graduate under the regular program. I understand that part of the Texas Grant eligibility is contingent on the student graduating under the Recommended Program. I have discussed this with my child that some colleges may require the course(s) he/she is wishing to change or drop for college admission.

Date: _____

Student's Signature: _____

Parent's Signature: _____

counselors@cleburnehighschool.com

www.cleburnehighschool.com