



Joseph M. Barry Career and Technical Education Center
 Department of Regional Schools and Instructional Programs
 1196 Prospect Avenue, Westbury, NY 11590

COURSE CHANGE FORM

School Year 20 ____ - 20 ____

Please type or print

Form initiated by: (Barry Tech Counselor) _____ Date: _____

Student's Last Name:	Student's First Name:	M.I.:	Student District ID#:	Barry Tech ID#:	Present Grade:
District:		High School:		District Counselor:	
CHANGE REQUESTED: <input type="checkbox"/> Course <input type="checkbox"/> Placement* Skills <input type="checkbox"/> Placement* Regular <input type="checkbox"/> Session					
From Current Course: _____			Session: _____		
To New Course: _____			Session: _____		
Change Within CIP Code: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Program Intensity Level: <input type="checkbox"/> Enrollee <input type="checkbox"/> Participant <input type="checkbox"/> Concentrator <input type="checkbox"/> Completer					

Please Check Appropriate Box(es) ACADEMIC SERVICES REQUEST or INTEGRATED CREDIT REQUEST		
<input type="checkbox"/> None	<input type="checkbox"/> College Prep Math (Applied Math, 1 credit)	<input type="checkbox"/> U.S. History Regents (1 credit)
<input type="checkbox"/> Exploring Physical Science and Research (Applied Science, 1 credit)	<input type="checkbox"/> English 11 Regents (1 credit)	<input type="checkbox"/> Participation in Gov't (1/2 credit, Fall)
<input type="checkbox"/> Environmental Science (1/2 credit, Spring)	<input type="checkbox"/> English Language and Composition (English 12, 1 credit)	<input type="checkbox"/> Economics (1/2 credit, Spring)
<input type="checkbox"/> Bioethical Science (1/2 credit, Fall)	<input type="checkbox"/> Health (1/2 credit)	<input type="checkbox"/> Physical Education (1/2 credit, Seniors only)
SED Integrated Credit Requested: <input type="checkbox"/> Math	SED Integrated Credit Requested: <input type="checkbox"/> English	SED Integrated Credit Requested: <input type="checkbox"/> Science

Change Approved:	
By affixing your signature below, parent authorization has been confirmed for this request. High School Counselor's Signature: _____ Date: _____	Barry Tech Counselor's Signature: _____ Date: _____
Authorizing School District Signature: _____ Date: _____	
FOR NASSAU BOCES OFFICE USE ONLY	
Barry Tech PPS Staff Signature: _____	Date: _____
Barry Tech Principal Signature: _____	Date: _____
RSIP Executive Director Signature: _____	Date: _____
Date Change Entered in Classmate: _____ Person Who Made the Change: _____	
Copies of this Form to: <input type="checkbox"/> Nassau BOCES Business Office <input type="checkbox"/> District Counselor <input type="checkbox"/> District Business Office	