**STUDENT’S NAME (PRINT): STUDENT # \_\_\_\_\_\_\_\_**

**Student Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # and Email address: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECTIONS FOR STUDENT:**

1. **write the names of the Higher Level and Standard Level courses that you are taking for your IB Diploma**
2. **Select Full JA (s) or a traditional elective**
3. **Obtain parent approval of course changes**
4. **Be specific regarding Mathematics (Math Studies SL, Mathematics SL, Math HL)**

**HIGHER LEVELS: STANDARD LEVELS:**

**1 HL English 1 SL Language: Spanish or French *(circle one)***

**2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2**

**3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3**

**\*All seniors will take TOK, 1st semester only**

**Any changes in your higher or standard level course options must be approved by the teacher of the course you want to change to, as well as Mrs. George. If a HL or SL change is necessary, please indicate the desired change from the list of course options below:**

**Change Requested:**

Teacher/

Initials

**Course/Level to Course/Level**

Teacher/

Initials

**Course/Level to Course/Level**

**Group 5 Mathematics**

Mathematics HL

Mathematics SL

Math Studies SL

**Groups 1-5 IB Electives**

Psychology HL, Psychology SL

Economics HL

Art HL, Art SL

or

2nd Science HL, SL

**Group 1 Studies in Lang and Lit**

English HL

**Group 2 Language Acquisition**

French SL or Spanish SL

**Group 3 Individuals and Societies**

History HL

History SL

**Group 1 Language A1**

**Group 4 Sciences**

Chemistry HL, Chemistry SL Biology HL, Biology SL

Physics HL, Physics SL

**Group 4 Experimental Sciences**

Chemistry HL, Chemistry SL

Biology HL, Biology SL

**E Elective Course Title or JA** (please specify)

**1st semester: TOK/JA or traditional elective:**

**2nd semester: JA or traditional elective:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SIGNATURE DATE PARENT SIGNATURE DATE**

\*If there are no changes to your courses, no parent signature is needed.