SCHEDULE CHANGE REQUEST FORM

Student Name: ________________________________ Grade Level: __________________

Class(es) to be dropped: ________________________________

Class(es) to be added: ________________________________

Reason for this request. (If you do not request a change by **August 24, 2018**, your schedule will NOT be changed for the Fall semester). Your request will NOT be considered if you leave this section blank.

☐ Missing a class period

☐ Missing a core academic class

☐ Need class to graduate

☐ Passed this class already

☐ Other (please specify): ________________________________

☐ Teacher’s request: ____________________________________________________________

Teacher’s signature: ________________________________ Date: _______________________

NOTE: In signing this request for a schedule change, I realize that my entire schedule may change. Because every class is not offered every period of the day and many classes are already full, changing one class can change an entire schedule, lunch period, and teacher. If the requested changes are made, we will not attempt to change the schedule back to the original.

Student signature: ________________________________ Date: _______________________

Parent signature (REQUIRED): ________________________________ Date: _______________________

Counselor Action (SCHOOL USE ONLY)

☐ Schedule change is **denied**. If you need further explanation, please set up an appointment to talk to your counselor.

☐ Your request **cannot** be honored. This class is not offered at the time requested OR class is full.

☐ Schedule change **approved**. Please follow the attached schedule immediately.

☐ Other: ________________________________

Counselor Signature: ________________________________ Date: _______________________

Received on: __________