



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 25, 2017**, 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: _____