REQUEST FOR CHANGE OF SCHEDULE

NAME (PLEASE PRINT)  ID NUMBER  Grade  ACADEMY (10TH, 11TH & 12TH)

DROP:  
ADD:  

PLEASE COMPLETE ONE FORM ONLY: Counselors will process requests as quickly as possible. Only the following changes will be considered. Check the category which applies to your request.

( ) 1. Student passed a course in summer school and needs another course.
( ) 2. Student has requested and has been APPROVED to enter a special program.
( ) 3. Student needs a specific course to meet a graduation requirement (seniors only).
( ) 4. Student did not receive course or alternate course(s) listed on Subject Selection Card.
( ) 5. Other:  

I acknowledge that if the requested change is granted, my teachers, class periods and/or lunch hours MAY change. ONCE CHANGE HAS BEEN MADE, IT WILL NOT BE RESERVED OR ADJUSTED AGAIN. Change will not be processed without student’s signature.

_________________________________  _______________________
Student’s Signature            Date

Student’s Name  1ST PERIOD TEACHER

2nd PERIOD TEACHER

Your change was not approved for the following reason:

( ) You received classes requested either as a 1st choice or alternate.
( ) Class requested was closed or canceled.
( ) Other:  

_________________________________  _______________________
Counselor             Date