

SCHEDULE CHANGE REQUEST FORM

ID# _____ NAME _____
(last) (first)
DATE OF REQUEST _____ DATE OF CHANGE _____
GRADE 9 10 11 12 _____ Initial _____

If you believe that you have a valid reason for requesting a change in your schedule, please complete and return this form to the Counseling Center.

COURSE TO BE DROPPED: _____

REASON FOR REQUESTING CHANGE: _____

COURSE TO ADD: _____

(1) _____
(Counselor) (Date) AGREE DISAGREE
(circle)

STUDENTS: PLEASE SEE TEACHERS AND ADMINISTRATORS BEFORE SCHOOL, AFTER SCHOOL, OR BETWEEN CLASSES.

(2) _____
(Teacher/Sponsor) (Date) AGREE DISAGREE
(circle)

_____ Will not sign until I have talked to a parent/guardian.

_____ Please contact me (phone) _____ (time) _____

TEACHER COMMENTS:

(3) _____
(Parent/Guardian) (Date) AGREE DISAGREE
(circle)

(4) _____
(Administrator if requested) (Date) AGREE DISAGREE
(circle)

(5) _____
(Teacher - book returned) This signature obtained only after signature #4.

*Drops made **WITHIN** the first 10 days of each semester **DO NOT** show on the student's permanent record and **ARE NOT** counted in the grade point average.

*Drops made **AFTER** the first 10 days of each semester will be **entered as an "F"** on the student's permanent record and **WILL** be counted in the grade point average.