

SCHEDULE CHANGE REQUEST FORM

STUDENT NAME _____ GRADE _____ DATE _____

Master schedules have been prepared based on division requirements and student requests made during the spring. Schedule changes may be granted on an individual basis. Some schedule changes may not be possible.

REASON FOR REQUEST: Check all that apply and explain

____ Classwork overload _____

____ Overall course load _____

____ Teacher _____

____ Pace of course _____

____ Other _____

CHANGE REQUESTED:

FROM

TO

_____	_____ 1 st choice
_____	_____ 2 nd choice
_____	_____ 1 st choice
_____	_____ 2 nd choice
_____	_____ 1 st choice
_____	_____ 2 nd choice

Do you participate in: sports, cheerleading, forensics, ace, debate, theatre or dance? Yes ____ No ____

To be eligible to participate in any of the above you must be enrolled in (and pass) 5 classes each semester.

Student's signature: _____ Parent's signature: _____

Counselor's signature: _____

Counselor's comments: _____

Your schedule change request is: () Approved () Not Approved

Principal's signature: _____ Date: _____