

SCHEDULE CHANGE REQUEST FORM

STUDENT NAME _____ GRADE _____ DATE _____

Email address _____

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:

_____ Failed class _____ Took during summer
_____ Other (EXPLANATION REQUIRED) _____

CHANGE REQUESTED:

FROM: _____	TO: _____	1 st choice _____	4 th choice _____
		2 nd choice _____	5 th choice _____
		3 rd choice _____	6 th choice _____
FROM: _____	TO: _____	1 st choice _____	4 th choice _____
		2 nd choice _____	5 th choice _____
		3 rd choice _____	6 th choice _____

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

*I understand that to be eligible to participate in any of the above you must be enrolled in and pass
5 (five) courses each semester.*

Student signature: _____ Parent signature: _____

Counselor's signature: _____

Counselor's comments: _____

Career Coach's signature _____ *For any dual enrollment courses

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

Principal's signature: _____ Date: _____

Any questions concerning your change will be emailed to the address above.