

Schedule Change Request

(Required after first 10 school days of current semester)

CONTINUE YOUR CURRENT SCHEDULE UNTIL YOU RECEIVE A NEW ONE.

Name: _____ Grad. Year: _____ Student ID: _____

Today's Date: _____ Sem 1 ____ Sem 2 ____

Please note: Schedules may be changed due to a hole in the schedule, a missing class, a placement error, or other errors such as the A and B sections of a class in the same semester.

**Please obtain teacher signatures if requesting to drop or add a class after the first ten days of the semester.*

Period	Class to Drop	Teacher Signature	Period	Class to Add	Teacher Signature
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		

I am requesting the following schedule change because: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

PENALTY "F" If a student drops a class after the first 10 school days in each semester, the student will receive an "F" grade for that class on their report card and transcript.
Only in special circumstances will this be waived.

____ Approved ____ Denied ____ Student to receive "F" for semester

Comments: _____

Administrator Signature: _____ Date: _____
