

Schedule Change Request Form

STUDENT NAME & ID _____ GRADE _____ Date _____

Student Phone #: _____ or Parent Phone #: _____

REQUEST DEADLINE: Friday September 11, 2020 at 3:00pm.

DIRECTIONS:

1. Make sure to include first and last names and grade. Failure to do so may result in "No Action Taken."
2. **Only** list the class you need to change and the requested substitution. Do not list your whole schedule.
3. Email your form directly to your counselor. (See list below)
4. The counselor will contact you regarding your schedule request.

Attend classes originally assigned until schedule change is official.

NOTE: Schedule changes can only be requested for legitimate reasons, such as: course needed for graduation, prerequisite not met, to fill a hole, or scheduling error. You may NOT request a change for an elective change, to get a specific teacher or to share a class with friends.

| Period | Current Schedule | Requested Schedule Changes |
|--------|------------------|----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

REASON(S) FOR REQUEST:

COUNSELOR RESPONSE:

_____ Accepted (new schedule attached) _____ Denied

_____ No action taken

COUNSELOR NOTES: _____

Counselor initials _____ Date _____