



## REQUEST FOR SCHEDULE CHANGE

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**This request form must be submitted within the first five days of the semester to be considered. One form must be completed for each class that the student wishes to drop or add.**

Class to drop: \_\_\_\_\_

or

Class to add: \_\_\_\_\_

Reason for Schedule Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date:        /        / \_\_\_\_\_

**If dropping a year-long course at the semester, approval of teacher is required below:**

Teacher Signature: \_\_\_\_\_

Date:        /        / \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date:        /        / \_\_\_\_\_

**Submit this form to counselor for your grade. Form must be received by no later than 5<sup>th</sup> day of the semester.**

Counselor's Signature: \_\_\_\_\_

Date:        /        / \_\_\_\_\_

**DATE FORM RECEIVED:**        /        / \_\_\_\_\_

\_\_\_\_\_