

Student Name: _____ Date: _____

Schedule Change Request

Valid 8/16/19-8/26/19

Schedule changes will be made for the following reasons **only**. Please indicate which type of change you are requesting (by checking the appropriate box/es), and report which class/es you would like to drop and/or add.

Most courses are at capacity, so your request cannot be guaranteed.

*****Your entire schedule may be rearranged (class order, teachers) in order to accommodate your request.*****

*****Once a schedule change is made, you cannot go back to your previous schedule.*****

- ☐ Missing a graduation requirement or a course required to meet minimum college eligibility

ADD: _____

DROP: _____

- ☐ Academic misplacement (placed in the wrong class level, e.g. Geometry vs. Algebra 1, summer school completed, etc.)

ADD: _____

DROP: _____

- ☐ Gap in the middle of the day (e.g. no class scheduled 3rd period)

ADD: _____

- ☐ Change an elective class

ADD: _____

DROP: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Official Use Only

Action taken: _____

Date/Initials: _____

Waitlist: _____