

## **Class Change Request Form**

This form must be submitted to the Counseling Office by **8:00am** on  
**FRIDAY, AUGUST 28TH, 2026**

**Will not be considered without a parent signature**

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

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

|       |                                 |                                |
|-------|---------------------------------|--------------------------------|
| Hour: | Drop:<br><br>Teacher Signature: | Add:<br><br>Teacher Signature: |
| Hour: | Drop:<br><br>Teacher Signature: | Add:<br><br>Teacher Signature: |
| Hour: | Drop:<br><br>Teacher Signature: | Add:<br><br>Teacher Signature: |
| Hour: | Drop:<br><br>Teacher Signature: | Add:<br><br>Teacher Signature: |

### **Examples of appropriate reasons to request a schedule change:**

- I need a course to meet graduation requirements.
- I am enrolled in a course I have already completed.
- I need to take a required prerequisite course before enrolling in another course.
- I need to retake a course I previously failed.
- I would like to enroll in a dual-credit course that has become available. *(Reminder: You must also complete registration with the dual-credit college.)*

### **Schedule changes will NOT be approved for the following reasons:**

- I want to be in a class with my friends.
- I do not want to be in a class with a particular student.
- I do not want to have a specific teacher.

Reason for requesting the change:

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Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Counselor/Admin Decision**

**Date/Time Submitted:** \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**