SCHEDULE CHANGE REQUEST FORM

STUDENT NAME_____ Grade: 9 10 11 12 DATE_____

Schedule changes may be made only for sound academic reasons and are an exception, not the rule. Requests will not be considered until the Schedule Change Request Form is filled out completely, signed by the designated persons and submitted to the counseling department. Schedule changes, which could be initiated by a counselor, will only be made for the following reasons and must be approved by the administration:

- 1. The student needs to enroll in a required class to meet graduation requirements.
- 2. The student is enrolled in a class for which he/she has already received credit.
- 3. The student has not met the prerequisites for the class.
- 4. The student has an incomplete schedule.
- 5. The teacher recommends a student move to a different course that matches their academic needs.

*Only the reasons bolded above may be initiated by a student. If you have an academic concern, students must work through their teachers and any necessary schedule changes will be recommended by teachers.

1) Circle the reason for your schedule request below:

Has already taken class	Has not met prerequisites		Schedule is incomplete		
2) List class(es) to be dropped due to reasons above:					
DROPPING:					
Course Title	Class Hr	Semester	Teacher Approval Signature		
		1st / 2nd			
CLASS REQUEST (requests cannot be guaranteed and are subject to availability)					
1 st choice:		2 nd choice:			
3 rd choice:		4 th choice:			
3) Signatures (Required):					
Student signature:					
Parent signature:		Parent email:			
 If schedule change is approved, it will be reflected in PowerSchool If schedule change is denied, student and parent will receive an email 					
For Counseling Office Use:		/ DENIED			
Processed byCounse	lor	on Date			

TEACHER RECOMMENDATION FOR SCHEDULE CHANGE (to be filled out by the teacher)

(to be filled out by the teacher)			
STUDENT NAME	_ Grade: 9 10 11 12	DATE	
CURRENT COURSE:		Hour	
Description of reason why you are recon	nmending a schedule chang	ge:	
RECOMMENDED COURSE:		Hour (if specified)	
Date(s) met with student:			
Parent contact (include date):	phone	email	in person
Teacher Signature:			
For Counseling Office Use:			
Processed byCounselor	on Date	_	
Notes:			