

# Schedule Change Request Form

**READ FIRST: This is a request. Not all requests will or can be granted.**

1. Counselors will review each request and your transcript and notify you with the final decision.
2. Please keep in mind that class sizes are limited and not all classes necessarily work with each individual schedule.
3. At times, students will need to be placed in classes that may not be their first preference.
4. Schedule changes are not made for teacher, bell, or lunch preference.
5. Full year courses may only be changed for lack of ability, not a lack of effort and require a parent meeting and approval from administration.

Name \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Course to change/drop

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

Course you wish to add

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

Reason for dropping class (Check One):

\_\_\_\_\_ Duplicate class \_\_\_\_\_ No Prerequisite \_\_\_\_\_ Missing Class \_\_\_\_\_ Not interested

\*Juniors & Seniors - If you are applying to be a TA (Teacher Assistant),  
DO NOT fill this form out - You only need to fill out the TA Application

Other \_\_\_\_\_

Student signature \_\_\_\_\_  
(Required)

Parent signature \_\_\_\_\_  
(Required)

Teacher signature (from dropping class) \_\_\_\_\_  
(Required)

**No schedule requests will be considered after the first TEN SCHOOL DAYS of each semester.**