

Semester 1 Schedule Change Window – August 23 through August 29, 2017.

Schedule changes will be prioritized based upon academic necessity (ex. missing a required classes). The goal of this form is to maintain balanced class sizes and use limited resources wisely. **Please complete this form in its entirety** and be as specific as possible to expedite your request.

TURNING IN THIS FORM DOES NOT GUARANTEE A CHANGE WILL BE MADE. CHANGES ARE NOT IN EFFECT UNTIL THE STUDENT RECEIVES A REVISED SCHEDULE OR NOTIFICATION FROM THE COUNSELING OFFICE.

PLEASE FOLLOW YOUR CURRENT SCHEDULE TO AVOID ATTENDANCE ISSUES.

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Request \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

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Identify the reason for your schedule change request:

___ Missing a required class (list request in next section, sign and return – no parent signature required)

___ Multiple classes per hour (list request in next section, sign and return – no parent signature required)

___ PE change ___ Failed a class ___ Add an elective ___ Drop a class: _____

Please describe your request in detail:

If dropping a class, what would you like to add to replace the credits? (Please give 2-3 options)

Why do you feel this request is necessary? Please be specific.

Will this action potentially help or hurt your career and college readiness? Why?

Student Signature (required)

Parent Signature (required for dropping a class)

Thank you for completing this form. It provides helpful information to assist in the prioritization and decision-making process. **The deadline for schedule changes is Tuesday, August 29 at 3:00 pm.**