



Schedule Change Request

*Please note that this is a **request** only. A change will only be considered upon availability of the requested course. Once a schedule is established, student changes can only be made on the basis of program consideration, not in an effort to select a specific instructor.

Name: _____ Grade: _____

<input type="checkbox"/> Semester 1 Form must be signed and returned by July 31st REQUESTING TO DROP: _____	<input type="checkbox"/> Semester 2 Form must be signed and returned by the last day of Semester 1 classes. REQUESTING TO ADD: _____
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Reason:

Student's Signature

Date

Parent's Comments:

By signing this form, I am acknowledging that the original course plan created by my student and their school counselor will be altered. I acknowledge that this change may affect NCAA eligibility, Diploma Type and Scholarship Eligibility.

Parent's Signature

Date

Counselor's Comments:

Approved: Yes No

Counselor's Signature Date

Approved: Yes No

Principal's Signature Date