

Schedule Change Request Form

Student name: _____ Grade: _____ Date: _____

Master schedules have been prepared based on division requirements and student requests made during the spring. We have worked to provide schedules that maximize opportunities for student achievement. Schedule changes may be granted on an individual need basis with approval by the principal. Please be aware some schedule changes may not be possible due to our classes reaching maximum enrollment.

REASON FOR REQUEST: _____ Failed class
_____ Took during summer
_____ Other

If other, please explain the reason for your request: _____

CHANGE REQUESTED:	From	To	
	_____	_____	1 st choice
		_____	2 nd choice
	_____	_____	1 st choice
		_____	2 nd choice
	_____	_____	1 st choice
		_____	2 nd choice

Student's signature: _____ Parent's signature: _____

Counselor's signature: _____

Counselor's comments: _____

Your schedule change request is: () Approved () Not Approved

Principal's signature: _____ Date: _____