

SCHEDULE CHANGE REQUEST

Counselors					
Mouser: A-C Rm. G114	Swain: D-H Rm. G139	Alagood: I-MO Rm. E126	Walker: MU-R Rm. F312	Mosby: S-Z Rm. D210	Ortiz: AVID/ Dual Credit Rm. G141

STUDENTS MUST COMPLETE ALL SECTIONS OF THIS FORM BEFORE THEIR REQUEST WILL BE CONSIDERED!

STAFFING FOR THE SCHOOL YEAR WAS BASED ON STUDENT SPRING REQUESTS; THEREFORE, STUDENTS WHO RECEIVED COURSES REQUESTED DURING SPRING REGISTRATION, OR THEIR ALTERNATE, WILL NOT BE ALLOWED TO CHANGE SCHEDULES UNLESS THEY MEET THE CRITERIA BELOW.

Date: _____ Counselor: _____ Grade: _____

Name: _____ ID#: _____

EMAIL ADDRESS: _____ (Counselor will reply by email)

VALID REASONS (CHECK ONE) Other reasons will not be honored.

- _____ 1. Schedule Error **(BASED ON SPRING REQUEST)**
- _____ 2. Failed course needed as prerequisite
- _____ 3. Change Teacher **(ONLY HONORED IF YOU PREVIOUSLY FAILED WITH TEACHER)**
- _____ 4. Physical Condition **(DOCUMENTED)**
- _____ 5. Athletic/Choir/Band Change **(COACH/TEACHER SIGNATURE REQUIRED)**
- _____ 6. Course Needed for Graduation **(SENIORS ONLY)**
- _____ 7. Add Senior In/Senior Out **(SENIORS ONLY, IF SCHEDULE ALLOWS)**
- _____ 8. Balance Academics for Fall & Spring Terms **(IF SCHEDULE ALLOWS)**
- _____ 9. Class taken in Summer School - **Where:** _____

YOU SHOULD CONTACT YOUR TEACHER REGARDING LEVEL CHANGE PROCEDURES. NO LEVEL CHANGES WILL BE CONSIDERED UNTIL THE 3-WEEK PERIOD (ONE WEEK FOR 9-WEEK COURSES).

	CLASS TO DROP	CLASS TO ADD
1 ST		
2 ND		
3 RD		
4 TH		

Parent Signature _____ Student Signature _____

Counselor Response:

_____ Approved Begin New Schedule on _____

_____ Denied Reason _____