

Schedule Change Request Form

RETURN FORM TO MRS. DURKT IN THE GUIDANCE OFFICE

Date: _____ Student Name: _____

Grade Level for the **2018-19** School Year: _____

Best way to contact you (email address or phone number) _____

Course(s) you wish to drop:

Course(s) you wish to add:

Course name: _____

Course name: _____

Course name: _____

Course name: _____

Reason for request: _____

Note: All requests will be considered and reviewed by counselors and principals. Be aware that we may not be able to honor requests.

Student Signature _____ Date _____

School Counselor Signature _____ Date _____

*Special Programs Advisor _____ Date _____

Building Administrator _____ Date _____

*Needed only if student receives special services

For Internal Use Only:

List courses being dropped, section enrollment after schedule change and final grade is applicable:

(Course Name) (New Enrollment #) (Final Grade)

(Course Name) (New Enrollment #) (Final Grade)

List courses being dropped, section enrollment after schedule change and final grade is applicable:

(Course Name) (New Enrollment #) (Final Grade)

(Course Name) (New Enrollment #) (Final Grade)

____ Made Schedule change (Date) _____

____ Spoke with student/parent (Date) _____

____ Made alternative change (Date) _____ Reason _____