

SCHEDULE CHANGE FORM

This form is the only way to request a schedule change, please do not email and please do not call and/or leave a message as we are working through these schedule change forms as a process to be fair to all students.

Student's Name _____ Grade _____ Date ___/___/___

Counselors will make every effort to accommodate each request but cannot guarantee any changes can or will be made.

SCHEDULE CHANGE PRIORITY LIST – CHECK THE REASON FOR REQUEST:

1. _____ Graduation Requirement Not On Schedule
2. _____ Same Class On Schedule More Than Once
3. _____ Hour Without A Class Scheduled (Hole in Schedule)
4. _____ Class On Schedule Already Taken And Passed
5. _____ Make Up Failed Graduation Requirement
6. _____ Conflict With TEC or Dual Enrollment etc.
7. _____ Other – Any Other Specific Reason For A Change Request
Reason: _____
8. _____ Teacher Change Request – Only If There Are Openings

1st SEMESTER :

<u>DROP</u>	<u>HOUR</u>	<u>ADD</u>
_____	_____	_____
Course Name		Course Name
_____	_____	_____
Course Name		Course Name

2nd SEMESTER :

<u>DROP</u>	<u>HOUR</u>	<u>ADD</u>
_____	_____	_____
Course Name		Course Name
_____	_____	_____
Course Name		Course Name

Explanation if needed:

Student Signature

Parent Signature

Email Address You Want Response Sent To: _____

Return Completed Form To The Counseling Department