

Greenwood Middle-High School
SCHEDULE CHANGE FORM

STUDENT NAME: _____

GRADE: _____ DATE OF REQUEST: _____

Please indicate reason for schedule change request:

1 Course Dropped: _____ Hour: _____ Semester: _____
Teacher Approval: _____ Date: _____

Course Added: _____ Hour: _____ Semester: _____
Teacher Approval: _____ Date: _____

2 Course Dropped: _____ Hour: _____ Semester: _____
Teacher Approval: _____ Date: _____

Course Added: _____ Hour: _____ Semester: _____
Teacher Approval: _____ Date: _____

INSTRUCTIONS:

1. All students must take a minimum of 7.0 credits per year. (*Exception band/choir students may take 6.5 credits)
2. Students should review the Greenwood High School graduation requirement and college/technical school admission requirements with their parents and school guidance counselor.
3. DROP/ADD FORMS are available in the high school office and guidance office.
4. Students should check with the teacher or the course syllabus for prerequisite information.
5. All signatures must be collected and returned to the Guidance office or high school office.

PARENT _____ Date: _____

COUNSELOR: _____ Date: _____

PRINCIPAL: _____ Date: _____