

Southeast of Saline Secondary Schools

SCHEDULE CHANGE REQUEST FORM

****Please fill out and return to the Counseling Center Secretary****

Schedules will be changed only for the following reasons:

1. Sequence of courses is out of order
2. Incomplete schedule.
3. A summer school course has been passed.
4. An academic need to switch from a Dual Credit Course to a regular course.

Name: _____ Grade Level: _____

I request the following change(s) to my schedule:

COURSE TO BE DROPPED	COURSE TO BE ADDED
Purple 1.	Purple 1.
White 2.	White 2.
Purple 3.	Purple 3.
White 4.	White 4.
Purple 5.	Purple 5.
White 6.	White 6.
Purple 7.	Purple 7.
White 8.	White 8.

Reason for request (must be a legitimate reason):

Student Signature: _____ Date: _____

If under 18 years old, Parent Signature: _____

* We may not be able to honor requests due to full classes or scheduling conflicts. Once your schedule is changed, a new schedule will be sent to you.