

Schedule Change Request Form

Student Name: _____ Seminar Teacher: _____

Date of Request: _____

I am requesting to drop: _____ and add: _____ due to the following approved reason(s):

- I am scheduled for a class in which I have already received credit.
- I am not scheduled for a required class.
- I am scheduled for a class which is not appropriate for my educational goals and/or abilities.

Explain:

Teacher Signature Required: _____

Parent Signature Required: _____

Other.

Explain:

I understand that I am to attend my current schedule unless I am notified of an approved change. I understand that if it is after the 1st week of the semester or I do not have all required signatures, I must schedule a meeting with the Principal for review.

Student Signature: _____

Approved

Denied

Counselor Signature: _____ **Date:** _____

Comments:
