

Request for Changing Class Schedule

Student Name: _____ Date _____

Grade: _____ Locker Number _____

Course Requesting to Drop: _____ Period _____

Teacher Signature _____

Course Requesting to Add: _____ Period _____

Teacher Signature: _____

Reason For Requesting This
Change: _____

Student Signature

Principal Approval

Principal Signature

Approved

Not Approved

Comments: _____

