Schedule Change Request

Name__________________________________________ Date__________________

Grade (circle) Freshman   Sophomore   Junior   Senior

Form must be completed in order for your request to be considered.

Change from: ____________________________________________ Change to: ____________________________________________

Reason for change

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Turning in this request does not guarantee that the change can or will be made.
Seniors, you must notify your colleges, in writing, of this change.

Student Signature__________________ Parent Signature__________________

For Counseling Dept. use only

Date Completed__________________ Fee: $30.00 yes / no

Counselors signature______________________________________________

Course of action completed__________________________________________