

**REQUESTS FOR TEACHER OR PERIOD CHANGES WILL NOT BE
ACCEPTED**

Schedule Change Request Form

Student Name _____ Home Phone _____
Print Student Name Clearly Cell Phone _____

I am requesting a schedule change because of the following:
(Check the appropriate box for all that apply)

- ☐ I have a hole in my schedule (I have a missing class in periods 1-6).
The missing class is _____.
- ☐ I did not receive a required course.
The course I need is _____.
- ☐ I need a change in course level (example: Spanish 3 to Spanish 2).
My course should be _____.
- ☐ I am requesting a change in an available **elective** and understand that this change will be made only if space permits. This request may require a period change.
Please drop _____. If possible please add _____.

Student Signature Parent Signature Date

Students and parents requesting a change need to be fully aware of all of the implications and consequences. Please consider carefully both graduation requirements and college entrance requirements.

Approved _____ Denied _____ School Official _____

Reason(s) for denial: _____

Please return this schedule change form to the Counseling Office.