



# Student Request for Schedule Change

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Freshmen, Sophomores, and Juniors should have six classes.  
Seniors should have, at least, five consecutive classes.  
Any/All exceptions require prior approval.

*Continue to follow your current class schedule until you have received confirmation from your counselor.*

Class to Drop: \_\_\_\_\_ Class to Add: \_\_\_\_\_  
\_\_\_\_\_

Reason for request (Include all important details.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Comments: \_\_\_\_\_

Plan does not impact 4-year plan in a negative way. Counselor Signature: \_\_\_\_\_

Teacher Signature (class to drop): \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature (class to add): \_\_\_\_\_ Date: \_\_\_\_\_

I support the above request for my child and understand that not all changes can be accommodated. This change may negatively impact my student's education and/or their accumulation of appropriate graduation credits and I am willing to accept that responsibility. Changes made after the first two weeks of the semester result in a WF (Withdrawal F) on student records and negatively impact report cards, GPAs, and/or transcripts.

*For further information, review your child's transcript summary or contact your student's counselor.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Do Not Write Below This Line

Action(s) taken:

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_