

**Schedule Change Request Form**

**Deadline: Wednesday, September 2, 2015**

Before you complete this form, please read and sign the statement below. ***Please know that all sections must be completed in order for changes to be considered.***

In making this request to change my schedule, I understand the following:

* Requests for specific teachers will not be considered.
* If you are requesting a course-level change, you must have a signature from the teacher who made the original recommendation (your previous year’s teacher).
* It may necessary to change class periods and sections in order to grant your request.
* All schedule changes are final. You cannot reverse the change to your previous schedule.
* You schedule cannot be changed if your request causes a class to be overloaded or if your request conflicts with required courses.

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Current Schedule | Teacher Signature(class leaving) |  | Requested Schedule | TeacherSignature(class transferring) |
| 1.  |  |  | 1. |  |  |
| 2. |  |  | 2. |  |  |
| 3. |  |  | 3. |  |  |
| 4. |  |  | 4. |  |  |
| 5. |  |  | 5. |  |  |
| 6. |  |  | 6. |  |  |
| 7. |  |  | 7. |  |  |
| 8. |  |  | 8. |  |  |

***Office use only- Do not write below this line.***

* Your schedule has been changed. Please follow the attached schedule.
* You schedule change was not possible for the following reason(s):
	+ - Class loads
		- Schedule conflict
		- Graduation requirements
		- No teacher/administrative/parent approval
		- Missed deadline
		- Other

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Guidance Director Signature Date