

SCHEDULE CHANGE REQUEST FORM

Name: _____

For Guidance Department use only

Grade: _____

It is our goal to be able to accommodate students' core course requests to the best of our ability, while maintaining a logical and orderly system of scheduling. Therefore, each student will be given **ONE** form to request changes they are seeking. **You WILL NOT be given an additional form, and there will be no Yellow Forms used for schedule change requests.** Be sure to think about your request(s) *very carefully* before submitting. The final date to submit this form is August 14th (August 21st for honors coursework). Counselors will be handling these requests on a first come first serve basis, and will only address requests through these forms. In order to be equitable to all of our students, no Email and/or phone call requests will be addressed. Your counselor will contact you in writing regarding your request, or may ask to speak with you if there is further clarification needed. *****Remember*** All changes are final!!** Only those deemed to be an emergency by the review committee will be altered after the final submission date.

Current Schedule

Teacher

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

Remember to be very specific in your request. This will help to make possible changes occur more quickly.

DO NOT LOSE THIS FORM!!!!