

2019-2020 Schedule Change Request Form

Please be aware that class space is very limited and requests may be tough to fulfill

In order to request a change in your schedule, please complete this form and return it to the counseling office by **Friday, September 6th**. If you've been approved, a new schedule will be delivered to you by Monday, September 9th. If you do not receive a revised schedule that means your request has been denied. Until then - **you must follow your original schedule**. All schedules are considered final on September 9th.

Student Name _____ ID # _____ Grade _____

Current 1st hour teacher _____

DROP

ADD

Please check one box:

- I give permission for my counselor to change any and all classes around (if necessary) in order to accommodate my request. I understand that the changes will be final.
- I only want the counselor to move classes if the change occurs during the same period.

Student Signature (required) _____ **Date** _____

For Office Use Only

Request Accepted (New schedule attached) _____ Request Denied _____

Counselor _____