

# **SCHEDULE CHANGE REQUEST**

(After January Course Registration)

**DUE BEFORE FEBRUARY 27th DEADLINE**

**INCOMPLETE SCHEDULE CHANGE FORMS WILL BE RETURNED TO THE STUDENT**

**CLASS CHANGES ARE NOT AUTOMATIC. SOME CLASSES MAY ALREADY BE AT CAPACITY!**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Current  
5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup>

**Drop Class:**

**Add Class:**

Class

Class

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I approve of this schedule change request: \_\_\_\_\_  
Parent Signature Date

Counselor comment: \_\_\_\_\_

Administrator Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ REQUEST APPROVED \_\_\_\_\_ REQUEST DENIED