

SCHEDULE CHANGE REQUEST FOR ELECTIVE CHOICES

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} 5th 6th 7th 8th

Drop Class:

Add Class:

Class

Class

Reason for Request: _____

I approve of this schedule change request: _____
Parent Signature Date

Counselor comment: _____

Administrator Signature (if needed): _____ Date: _____

_____ REQUEST APPROVED _____ REQUEST DENIED