

## SCHEDULE CHANGE FORM

### 2014-15 Fall Semester

Please read this entire form and sign below. Schedule changes will be **considered** when a change is **essential** to the student's academic progress. Schedule changes will **NOT** be approved or considered for teacher preferences, period preference, or elective preference.

PLEASE PRINT THE FOLLOWING INFORMATION BELOW:

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

Advisement Teacher: \_\_\_\_\_

Contact Cell Phone # \_\_\_\_\_ Academy \_\_\_\_\_

Print below the course(s) to be **DROPPED**:

Course Name	Reason for drop (i.e. already took and passed)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Print the course(s) to be **ADDED**: Please note that academic courses needed for graduation will take priority over all other requests.

Course Name	(provide <b><u>multiple course</u></b> options)	Reason for addition (i.e. hole in schedule)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I understand that I **MUST** continue to attend the classes printed on my current schedule until a revised schedule is issued. **IF** your request, is approved you will receive a new schedule.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_ Approved: Y N

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