

REQUEST FOR SCHEDULE CHANGE

Date: _____

Name: _____

Grade: _____

DROP the following classes:

ADD the following classes:

The change is requested for the following reason:

☐ Computer Error

☐ Passed or failed course

☐ IEP Adjustment

☐ Level Change

☐ Other (Brief explanation required:)

PLEASE NOTE:

- 1) If a change is made after class work has begun, students are required to complete assigned work, as determined by the teacher, before transfer. Any grades received will be transferred to the new class.
- 2) Requests to change teachers will not be granted.
- 3) Schedule change forms should be submitted to the student's homeroom teacher. Students should NOT come to the office for schedule changes unless called to the office.

