

# SCHEDULE CHANGE REQUEST FORM 2017-2018

(\*) - indicates a required field to complete in order to process your request

\*Name \_\_\_\_\_ \*Counselor \_\_\_\_\_

Your grade in 2017-18 \_\_\_\_\_ School Year (please circle one): 9 10 11 12

\*Your home telephone number \_\_\_\_\_ \*Your email address \_\_\_\_\_

**(MUST PROVIDE CONTACT NUMBER AND EMAIL ADDRESS)**

**Note: If you are requesting a change of level in a course, you must contact the Content Area Supervisor.**

***Guidance personnel cannot make level changes.***

Please indicate whether or not your current schedule includes a "conflict" OR is missing one or more full-year English, math, science, social studies, or world language courses. (Please check the appropriate category below)

**NO REQUESTS FOR ELECTIVE CHANGES WILL BE PROCESSED UNLESS THEY AFFECT YOUR ABILITY TO GRADUATE THIS YEAR!**

*Please select one of the following:*

**\*My schedule:** 1.) Has a course that I previously passed \_\_\_\_\_ 2.) Has a schedule conflict \_\_\_\_\_  
3.) Is missing a major subject \_\_\_\_\_ 4.) Is missing a **REQUIRED** elective \_\_\_\_\_

Explain:

Please **remove** the following **core** course(s) from my schedule. NOTE: *we will not allow a schedule to fall below 35 credits. (see example below)*

(i.e.) Geometry \_\_\_\_\_

Please **add** the following **core** course(s) to my schedule: (*please see example below*)

(i.e.) Algebra II \_\_\_\_\_

**Please sign below and submit to your guidance counselor.**

\*Student signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent/guardian signature \_\_\_\_\_ \*Contact phone # \_\_\_\_\_  
**(REQUIRED)** **(REQUIRED)**