SCHEDULE CHANGE REQUEST FORM

Change request for: Semester 1 Semester 2 Year (Circle one)

Student _____ ID _____

NOTE: In the event that the added class is a Study Hall or one which does not earn credit, and the student now has only five classes, Board Policy #6320, governing interscholastic eligibility, will apply. This means that a student must pass the remaining five classes to be eligible to participate in interscholastic activities.

STUDENT **Reason for Change Request:**

_____

_____

PARENT

_____ _____

Signature of Parent Date

TEACHER

Day 1-10 of Semester Drop_____ and add _____if available.

Course Name Course Name

_____ _____

Teacher Signature Date

Day 11-20 of Semester

Drop _____ and add Study Hall.

Course Name

_____ _____

Teacher Signature Date

After Day 20 of Semester

** **After 20 school days, a teacher's signature and a LETTER GRADE must be included. A withdrawal grade of W or WF will be entered on the student's transcript.**

Drop _____ and add Study Hall.

Course Name

_____ _____ _____

Teacher Signature Withdrawal Grade Date

COUNSELOR

_____ _____

Signature of Counselor Date

****NOTE: NO CLASS CAN BE DROPPED AFTER THE LAST DAY OF FIRST AND THIRD QUARTERS.**