



Schedule Change Request Form
Naperville Central High School

Name:	ID#:
Grade:	Counselor:

Course to Drop:	Name of Course: Indicate Semester: <input type="checkbox"/> 1 st sem., <input type="checkbox"/> 2 nd sem. or <input type="checkbox"/> Full Year
Course to Add:	Name of Course: Indicate Semester: <input type="checkbox"/> 1 st sem., <input type="checkbox"/> 2 nd sem. or <input type="checkbox"/> Full Year

Reason for schedule change request.

Please check the appropriate box(es). Please provide a written explanation if you mark boxes #5 or #6.

1. Failure of a class
2. Completion of summer school or outside course
3. Drop a course for a Study Hall (up through the first 20 days of the semester)

Teacher Signature *if semester has started:* _____

4. Level Change Recommended (**must have the signatures of your teacher and the IC**)

Teacher Signature: _____

Instructional Coordinator Signature: _____

5. College admission requirement (please explain):

Name of College(s): _____

6. Other Academic Reason (please explain):

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent Contact Phone Number: _____

For Office Use: Counselor Initials: _____ *Date:* _____ *Notes:*