

Schedule Change Request Form Grades 9-11

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| Name: | ID#: |
| Grade: | Counselor: |

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|-----------------|--|
| Course to Drop: | Name of Course: _____ |
| | Indicate Semester: <input type="checkbox"/> 1 st sem., <input type="checkbox"/> 2 nd sem. <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. <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*: _____ Materials have been collected

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

Teacher Signature: _____ Materials have been collected

Department Chair Signature: _____

5. College admission requirement (please explain):

Name of College(s): _____

6. Other Academic Reason (please explain on reverse side of application):

Student's Signature: _____ Date: _____

By signing this form you assume responsibility for any course fees after the 5th day from the start of the semester

Parent/Guardian's Signature: _____ Date: _____

Important Deadlines:

July 12, 2024 is the last day to add/drop a course for 1st semester

September 12, 2024 is the last day to drop a 1st semester course for a study hall

October 25, 2024 is the last day to add/drop a course for 2nd semester

February 4, 2025 is the last day to drop a 2nd semester course for a study hall