SCHEDULE CHANGE/REQUEST

☐ Administrative Request ☐ Student Request ☐ Teacher Request

check one

_____ _____ _____ _____

Print Name *Grade* *Date* *Homeroom*

Reason for schedule change request (check one)

☐ *Academically misplaced*
☐ *Credit required for graduation*
☐ *Passed course in summer school*
☐ *Other/describe need for schedule change*_____
☐ IEP Modification – date effective_____
☐ New IEP – date effective_____
☐ Discontinuation of IEP _____
☐ Drop HCCTC – date effective _____
☐ Add HCCTC – date effective _____
☐ Starting Alternative Education – date effective _____
☐ Returning from Alternative Education – date effective _____

DROPPED CLASS				**ADDED CLASS**			
PERIOD	CLASS	COURSE #	TEACHER SIGNATURE	PERIOD	CLASS	COURSE #	TEACHER SIGNATURE
1				**1**			
2				**2**			
3				**3**			
4				**4**			
5				**5**			
6				**6**			
7				**7**			
8				**8**			

_____ _____

Student Signature ***Parent Signature***

***Parents: Please note that when a schedule change occurs after the end of the first marking period, the course and grades will remain on the student's transcript.*

☐ **Approved** ☐ **Disapproved**

Form Review 11/8/2018