



Academic Schedule Change Request 2019-2020

For Office Use Only:

Date Recd: _____

Date Chgd: _____

STUDENTS MAY DROP/ADD COURSES DURING THE FIRST TEN (10) SCHOOL DAYS OF EACH SEMESTER ONLY.

Name: _____ Grade: _____

Career Tech Program: _____ Associate School: _____

School Counselor: Mr. Hahn Mrs. Mulichak IEP or 504: IEP 504

DROP Course(s):				
ADD Course(s)				

Please select the reason for your requested schedule change to be considered. (You must select one.)

<input type="checkbox"/> Graduation Requirements	
<input type="checkbox"/> Scheduling Error	
<input type="checkbox"/> Half/Full Day Schedule Preference* Requesting: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	_____ *Associate School Counselor Signature Required
<input type="checkbox"/> Adjustments for Educational Options* (504, IEP, Honors, CCP, Lab aide)	_____ *Teacher and/or Director Signature Required
<input type="checkbox"/> Special Circumstances* (please appeal in writing to director)	_____ *Director Signature Required

Signatures Required

PLEASE READ CAREFULLY: By signing here I understand that when dropping a core academic class, I may be jeopardizing my high school and/or NCAA athletic eligibility. I have notified my Athletic Director.

The master schedule is based upon student requests made during course selections each spring. In order to be fiscally responsible, course offerings are based on these projections. Once classes are scheduled, it can be difficult to make schedule changes because many classes may be at or near capacity. **Submitting this form does not guarantee that a specific request can be granted.**

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____