

Request for Schedule Change

Schedule changes will be prioritized based upon academic necessity (ex. Missing a required class or repeating a class you've already passed). Please complete this form completely and be as specific as possible to expedite your request. This form must be completed and submitted before any appointment will be made to see Ms. Herzog.

Sometimes Ms. Herzog is unable to grant your schedule change. This may be due to a variety of reasons, including overbooked classes, missing required classes, or insufficient academic justification for the requested changes. I UNDERSTAND THAT TURNING IN THIS FORM DOES NOT GUARANTEE THE CHANGES I REQUEST WILL BE MADE. I ALSO UNDERSTAND THAT I AM UNABLE TO DROP A REQUIRED CLASS. Please initial here to confirm that you understand this _____.

Student Name _____ Grade _____ Date of request _____

Identify the primary reason for your schedule change request:

- Missing a required class (list request in next section, sign and return – no parent signature required)
- Placed in a class that I've already passed (list class in next section, sign and return – no parent signature required)
- Failed a class (retake needed) Add an elective Drop a class: _____
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Please describe your request in detail:

If dropping a class, what would you like to add to replace the credits? (please give 2-3 options):

1. _____
2. _____
3. _____

If you are requesting to drop a class that is considered a full year, you are required to meet with the teacher first. If the teacher agrees to this change, he/she will need to sign the statement below.

On, _____, I, _____ met with _____
(Date) (Teacher name) (Student name)

regarding his/her desire to drop my class. As a result of this conversation, I will allow/not allow the student to drop my class because _____

Student Signature _____

Parent Signature _____ (required if dropping a class)

FOR OFFICE USE ONLY

_____ Schedule Changed

_____ Unable to do schedule change as requested

Reason:

_____ Unable to change schedule at all

Reason: