

SCHEDULE CHANGE FORM

audent Name:				Date:		
important to select courses and take a minimum of the request will be denied.	eneficial to d with the utmo of 5.5 credits. The add/drop ld/drop period	rop one course and not ta ost care. Students in grad If class enrollment falls p period has strict deadlind d will be the first two ful	es 9-1 belov nes. T I weel	1 are required to take v a minimum number here will be NO sche as in September. STU	er has begun. It is, therefore 6.5 credits. Students in grade due to a withdrawal request dule changes during the firs DENTS MUST CONTINUE	
 follow the sequence below: Discuss the change Discuss advisability Obtain written periform. Return textbook(s) this has happened. Student must present 	with a parenty and pick up mission from and/or cours	t/guardian. a schedule change form to parent/guardian, instruct	From tor, schinstru	he school counselor. hool counselor, and perform to the counselor	orincipal on schedule change verification (circle Yes or No	
Pd Dropped Course	Materials Returned	Instructor Signature	Pd	Added Course	Instructor Signature	
Please allow my child to d	rop and add	the above courses for th	 ne foll	owing reasons:		
Parent/Guardian Signature:			Date:			

Principal Signature: _____ Date: _____