

Name: _____ Grade: _____ Date: _____

Fall 2016 Schedule Change Request

If you wish to request a change to your schedule, complete this form with the appropriate signatures and return it to the counseling office no later than **August 16, 2016 at 2:30pm**. You will be notified of the committee's decision before the counselors leave for summer break.

Your request will be reviewed by an academic counseling committee that will make the final decision regarding your schedule. ****Requests for schedule changes will be honored only if there is a *compelling academic reason*****

Please remember that careful thought and planning went into placing you into the choices you made in February and then reviewed in March of this year.

- **Absolutely no changes will be considered regarding teacher or period preference.**
- **Elective choices are final.**
- **There will be no schedule changes to accommodate sports or extracurricular activities.**

What is the change you are requesting and why?

Student Signature: _____

Parent Signature: _____

Daytime Phone: _____

Email: _____

Office use:

Date received: _____

Was the schedule change granted? Why/Why not?
