



# 2020-21 Schedule Change Request Form: **SEMESTER 2**

If you have concerns about your schedule, please submit this form to request a change. Turn in this form as soon as possible. Please note that forms submitted after the deadline will not be honored and changes cannot be made after two weeks into the semester.

**COMPLETED FORM DUE BY: 3:30PM Friday, February 12**

Student Name Printed: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**COMPLETE THE SECTION BELOW** (Note: section and teacher changes will not be honored)

DROP: _____	ADD: _____
DROP: _____	ADD: _____
DROP: _____	ADD: _____
DROP: _____	ADD: _____
DROP: _____	ADD: _____
DROP: _____	ADD: _____

Please detail the rationale for the above change requests. You must provide this information for your requests to be considered. Thank you.

**IMPORTANT NOTES:**

- AP courses have specific requirements for admission.
- All elective courses must have a minimum enrollment of 22-24 to be offered.
- Courses requested for credit recovery are not guaranteed.

<b>THIS SECTION FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	<b>Date:</b>	<b>Initials:</b>