

REQUEST FOR SCHEDULE CHANGE

(Complete the following steps, in order.)

Name _____ Grade _____ Date _____

1. Courses you want to drop:

_____ This class meets: All year 1st Sem 2nd Sem
_____ This class meets: All year 1st Sem 2nd Sem
_____ This class meets: All year 1st Sem 2nd Sem

Courses you want to add:

_____ This class meets: All year 1st Sem 2nd Sem
_____ This class meets: All year 1st Sem 2nd Sem
_____ This class meets: All year 1st Sem 2nd Sem

2. Explain your reason for requesting this change:

_____ Requirement for graduation
_____ Teacher recommendation (Teacher signature required _____)
_____ Other – Explain:

3. Parents must read and sign: I have read the Request for Schedule Change listed above. I am aware of the schedule change limitations in the CHS Student Handbook and understand that this change may not be allowed. I am also aware of any effects this change might have on graduation credits, honor graduate eligibility, scholarship eligibility, and/or college entrance requirements.

Parent Signature _____ Daytime Phone _____

Return this form to the Counseling Center. CONTINUE TO FOLLOW YOUR PRESENT SCHEDULE UNTIL YOU HAVE BEEN NOTIFIED THAT YOUR SCHEDULE CHANGE HAS BEEN APPROVED!

Counselor Use Only	
_____ Graduation Requirement	_____ Approved
_____ Recommended	_____ Denied
_____ Not Recommended	
Comments _____	
Administrator's Signature _____	Date _____