

SCHEDULE CHANGE REQUEST FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**\*\*An explanation is required when changing levels** (i.e. AP course to Honors Course, Honors course to CP course). Please write a clear and coherent explanation to be reviewed by administration.\*\*

- | Course Name   | Course Name |
|---------------|-------------|
| 1) Drop _____ | Add _____   |
| 2) Drop _____ | Add _____   |
| 3) Drop _____ | Add _____   |

EXPLANATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Counselor's Signature \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

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- | Course Name   | Course Name |
|---------------|-------------|
| 4) Drop _____ | Add _____   |
| 5) Drop _____ | Add _____   |
| 6) Drop _____ | Add _____   |

EXPLANATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Counselor's Signature \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_