

SCHEDULE CHANGE REQUEST

Name: _____

Phone #: _____

Email: _____

(Do not list an email address if you do not check your email.)

Please check at least one of the following:

- Course addition; I have fewer than six courses on my schedule.
- Wrong placement (math level, world language, etc.)
- I am a senior needing a specific course for graduation
- I need an adjustment due to Running Start.

* We do not accept requests for specific teachers and changes will only be made if space is available.

Course listed on
your schedule

Course you are requesting (list more than one if possible).
Use the master schedule to make sure the course is offered.)

| Period | Course | | Period | 1 st Choice | 2 nd Choice | 3 rd Choice |
|--------|--------|---|--------|------------------------|------------------------|------------------------|
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Students must attend their assigned course until a change has been made in Skyward.

Please check Skyward to see if the change has been made, otherwise, check the box in Student Services for a response.

Note from your counselor: _____

This form will be accepted in Student Services until February 1, 2017.

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| SIGNATURES ARE REQUIRED TO CHANGE A YEAR-LONG COURSE | |
| Parent signature _____ | Date _____ |
| Teacher signature _____ | Date _____ |