The master schedule of course offerings and of teaching assignments is arranged each year to accommodate the student requests made during the spring registration of the previous school year. Changes are limited to space available in scheduled classes. **Changes to new courses will only take place in the first five days of that course.**

All students must maintain a schedule that will permit graduation and will meet the minimum requirements for college admission.

Name _________________________________________  Date submitted __________________
Student ID _______________ Grade _____  Counselor ________________________________

**Athletic Eligibility**  
Athletes must be scheduled for and pass five (5) credit bearing classes (excluding PE and/or Independent Study) **every quarter** of the year to be eligible to participate. This includes any competitive extracurricular athletic activities, including Academic Team, Cheerleading, etc.

___  I understand the requirements for athletic eligibility and approve the schedule that will result from this change.

<table>
<thead>
<tr>
<th>Student initials</th>
<th>Parent initials</th>
</tr>
</thead>
</table>

Course to be dropped ___________________________________  Semester _____  Period _____

**Teacher’s signature** ___________________________________________ Date _______________
Passing?  □ Yes  □ No  Books returned?  □ Yes  □ No

Course to be added ______________________________________________________________

**Department Chair Signature** ______________________________ Date ______________

**Parent signature** ___________________________________________ Date ______________

For office use only

- _______ Approved (date)  _______ Athletes – five classes
- _______ Not approved (date)  _______ College – four academics
- _______ Overloads New Class  _______ Graduation requirements

**Counselor signature** ___________________________________________ Date ______________
**Administrator signature** ___________________________________________ Date ______________

After 1st interim of each semester

Course: ___________________________________________ Course # ________ Delete: WP  WF  F  Date entered: __________
SCHEDULE CHANGE REQUEST

Important Reminders

This is only a REQUEST!

- This form must be COMPLETED IN FULL with all signatures before your request will be considered. Complete and detailed information will enable your counselor to respond to you more quickly.
- You must continue to attend the classes on your current schedule until you receive an updated schedule from your counselor.
- If the request is approved, your counselor will give you an updated copy of your new schedule.

Reasons That May Justify Schedule Changes

Changes must meet one of the following criteria:

1. You need to add a class or Study Hall to make a 7 period day.
2. You need a subject level change. Please use the Course Level Change form.
3. You are assigned to a class taught by a teacher with whom you previously failed.

PLEASE NOTE: Classes dropped after the THIRD WEEK of the semester will result in a failing grade that will appear on your transcript.