



SCHEDULE CHANGE REQUEST FORM

Last day to change with Advisor: 1/11/19

Final day to change with Admin approval: 1/18/19

TOP SECTION IS TO BE COMPLETED BY THE STUDENT

Name: _____ ID: _____ House: _____ Grade Level: _____

Date: _____ Current Grade in Course (Letter Grade & Percentage): _____

Course to be dropped: _____

Course to be added (pending Advisor approval): _____

Reason for dropping (TEACHER CHANGES WILL NOT BE CONSIDERED): _____

Have you met with your teacher regarding this/these concern(s)? YES NO

Teacher Name: _____ Teacher Signature: _____

What have you done to improve your grade in this class?

- Attended tutoring
- Worked with a tutor
- Been to teacher office hours at lunch/after school
- Peer support group
- Have not done anything
- Other (explain): _____

Parent Signature

Student Signature

Date

THIS SECTION IS TO BE COMPLETED BY THE ADVISOR

Date received by Advisor: _____

Recommended course to be added: _____

Notes from Advisor: _____

Student grades attached YES NO

THIS SECTION IS TO BE COMPLETED BY THE HOUSE PRINCIPAL

Admin Team Decision: YES NO

Notes/Comments: _____

House Principal Signature _____ Date _____