ARS Schedule Change Request

Complete and return this form to your grade-level counselor within 10 days of the new semester.

Student Name: _____ Grade: _____
Last First MI

Phone: _____ Counselor: _____ Date: _____

Course Change Request:

DROP*: _____

ADD: _____

ALL STUDENT/PARENT SCHEDULE CHANGE REQUESTS MUST BE COMPLETED WITHIN 10 DAYS OF THE START OF THE NEW SEMESTER

Schedule Changes Should Be Based on Sound Educational Planning.
Common reasons for schedule changes are:

Approved:
1. A different academic level course is needed
2. Missing course
3. Move required by coach/instructor

Not Approved:
1. Teacher change
2. Change to be with friends
3. "I don't like _____." ☺

Reason for requested change: _____

_____

Signatures Required:

Student : _____ Parent: _____

*Current Teacher: _____ (Teacher must be notified before change approved.)

*New Teacher: _____ (Teacher must be notified before change approved.)

Teacher signatures do not guarantee schedule change request will be approved.

Counselor Comments: _____

_____

☐ **Approved** ☐ **Not Approved** ☐ **Please see counselor!**

Counselor Signature: _____