

SCHEDULE CORRECTION/HARDSHIP REQUEST

STUDENT NAME _____

GRADE _____

COUNSELOR
(Circle one)Glover (A – Com)
Bissett (Con – Guh)
Corbett (Gui – Lv)Short (Lw – M)
Mills (N – Sel)
Miner (Sem – Z)

1st PERIOD ROOM # _____

DIRECTIONS: Complete sections 1-3 below. Requests are processed in order of priority and approved changes will be made if space is available. Schedule corrections are processed first. Requests for teacher or time of day changes are not honored. Incomplete forms or forms turned in after the deadline will not be considered. Submitting a request does not guarantee approval; continue to attend and work in your currently scheduled courses.

DEADLINE: Return completed forms to the Main Office no later than **Wednesday, August 21.**

1. What course change are you requesting?

I WANT TO DROP THE FOLLOWING CLASS...

I WANT TO ADD THE FOLLOWING CLASS...

2. Please check the appropriate box below indicating the reason for request (Required). **SCHEDULE CORRECTION**

Check this box if any of the following apply.

- I am scheduled for a class I have already earned credit for AND/OR
- I am not scheduled for a class required for graduation AND/OR
- I have two of the same classes AND/OR
- I have not met the prerequisite for the course AND/OR
- I do not have a complete schedule

 SCHEDULE HARDSHIP

Hardship or extenuating circumstances prevent me from taking a course in my schedule.

On the back of this form, describe the circumstances or hardship under which you are seeking a course change. Failure to do summer reading is not considered a hardship. If applicable, attach medical documentation. *For example, I broke my leg this summer so I cannot fully participate in Rec Games.*

Students and parents should keep in mind that approved changes may result in changes to other courses and/or teachers in your schedule. Every effort will be made to avoid disrupting the rest of your schedule, but at times it is unavoidable. In addition, seniors should be aware that some colleges require notification of schedule changes. Submission of this course change request indicates that you are willing to accept possible consequences to an approved change in your schedule.

3. SIGNATURES ARE REQUIRED FOR ALL SCHEDULE REQUESTS

Parent Signature _____

Date _____

Student Signature _____

Date _____

FOR STAFF USE ONLY:

Date Received:

Disposition of Request:

- Approved, Effective Date: _____
- Denied