

SOA Schedule Change Request Form – 2016-2017

Student Name _____

Current Grade _____

Before you complete this form, please read and sign the statement below.

In making this request to change my schedule, I understand the following:

- Requests for specific teachers or class periods will not be considered.
- It may be necessary to change current class periods and sections in order to grant your request.
- Your schedule may look entirely different from the original one that you received.
- All schedule changes are final. You cannot reverse the change to your previous schedule. Only one schedule change form should be submitted for a student. Please think carefully before you submit your schedule change form.
- Your schedule cannot be changed if your request causes a class to be overloaded or if your request conflicts with required courses.
- Please allow at least one to two days after the request form is completed.
- NOTE: Your request must be made within the drop/add time period.

Student signature: _____ Parent signature: _____

Date _____ Phone: _____

Student e-mail: _____

Please Note: If a schedule change is granted, a new schedule will be distributed. Please include your e-mail address for schedule communication purposes

Please make the following changes to my schedule:

DROP _____ ADD _____

DROP _____ ADD _____

(Do not write below this line.)

____ Your schedule has been changed. Please follow the attached schedule.

____ Your schedule change was not possible for the following reason:

____ Class loads ____ No teacher/administrative approval ____ Schedule Conflict

____ Graduation requirement ____ Other

Counselor Signature/Date _____