

Schedule Change Form

Name: _____ Grade: _____ Date: _____

Class(es) you are requesting to drop:	Class(es) you are requesting to add:

Please explain why you need this change:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Return your completed form to your counselor. You will be notified when a decision has been made about your request.

Approved: Yes No

Counselor Signature: _____ Date: _____

If no,
reason: _____

Changed in Skyward. Date: _____