

Student Name: _____

Grade: _____

Student Initiated Schedule Change Request

Please complete this form if you need to change a scheduled class. Forms will only be **accepted from August 19 through 27 in the WHS counseling office**. Proposed changes will be reviewed by the start of the next school year.

If your request is **necessary and/or possible**, you can confirm that the change has been made by checking your schedule on Skyward. If your request is denied, an explanation on this form can be picked up in the counseling office by the start of school.

1. The following changes will be given priority. Please check the appropriate box:

- Incomplete Schedule
- Registered for Two Classes in the Same Period
- Already Completed Class
- Have Not Completed Prerequisite
- Need a Required Class for Graduation

Changes based on interest will be considered after priority changes if time allows.

2. Please explain in **CLEAR DETAIL** which classes you need to **drop and add**. Use back if necessary.

(e.g. Drop Algebra 1 and add Geometry. I passed Algebra 1 in summer school.)

Approved/ Not Approved

Counselor Comments:

PLEASE NOTE

*Requests via telephone or email cannot be processed.
Only one request form will be accepted for each student.*