



## Schedule Change Request Form

Fill out this form and return it to the assigned school counselor.  
Please note: schedule changes are not guaranteed with submission.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Current Class: \_\_\_\_\_ Requested Class: \_\_\_\_\_

Reasons for request:

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### **Authorization:**

Students must meet with BOTH their current and requested teachers BEFORE submitting this form to the Counseling department.

\_\_\_\_\_  
Current Teacher Signature Date

\_\_\_\_\_  
Requested Teacher Signature Date

\_\_\_\_\_  
Parent Signature Date

(For Counseling Department Use Only)

**Approved**

**Denied**

Date: \_\_\_\_\_