

SCHEDULE CHANGE REQUEST FORM: DEADLINE FRIDAY, AUGUST 22nd

STUDENT DIRECTIONS:

- 1) Submit completed form (*including current teacher and parent signatures*) to the Counseling Office for review. Incomplete forms will not be reviewed.
- 2) Requests for certain periods, lunch, or teacher changes will not be considered. **NO EXCEPTIONS!**
- 3) The final deadline for submitting Schedule Change Request Forms is Friday, August 22nd. **Absolutely no requests will be considered after this date.**

Criteria for requesting a schedule change are:

- Students missing a graduation requirement
- Students with an incomplete schedule (less than 6 classes per semester)
- Students scheduled for a class they have already passed
- Students who are academically misplaced

If none of these criteria apply to your request, you are ineligible for a schedule change.

FCBOE Policy Section I - Instructional Program, Title: Grading & Reporting #IHA: All other schedule change requests will not be reviewed until after August 22nd. All changes are contingent upon seat availability. Upon review, counselors will send an updated schedule or notice of request denial to the student. Changes are made in compliance with school board policy

STUDENT'S NAME	DATE	Please circle counselor's name. (Counselors are assigned by student's last name) Mr. Absher (A – Ct) Ms. Caplinger (Cu – G) Ms. Davis (H – McG) Ms. Freeman (McH – Sanc) Ms. Peart (Sand – Z)
STUDENT'S EMAIL ADDRESS		
CLASS REQUESTED TO BE DROPPED		
TEACHER OF CLASS BEING REQUESTED TO DROP		
CLASS REQUESTED TO BE ADDED		

I am requesting a schedule change for the above named student for the following reason(s):

_____ Student has less than 6 classes in his schedule (excluding seminar)

_____ Student is enrolled in the course listed above and has successfully completed the course

_____ Student is enrolled in the course listed above and has not taken the required pre-requisite

_____ The class is a graduation requirement which students in my current grade are normally required to take during this year.

_____ The Student/Parent/Teacher have determined the student is academically misplaced in the current course listed above.

_____ Other (explain): _____

Student Signature:

Parent Signature:

Current Course's Teacher Signature:

COUNSELOR RESPONSE TO REQUEST (for office use only):

_____ Schedule change cannot be accommodated. You may make an appointment to see your counselor if you need further explanation.

_____ Schedule change approved.

Course Added:

Course Dropped:

Date: