



SCHEDULE CHANGE REQUEST

Public Charter High School

Student Name:	Grade Level: __09 __10 __11 __12
Advisor:	Date of Request:

ALL SCHEDULE CHANGE REQUESTS MUST BE SUBMITTED ON THIS FORM.

REMINDERS

- This is a request only! If the request is approved, you will receive a newly printed schedule.
- Continue to follow your current schedule until you receive feedback from the Main Office.
- Changing one class may rearrange your entire schedule
- This form must be COMPLETELY filled out before it will be considered. PRINT CLEARLY.

**REQUESTS FOR CHANGES WILL ONLY BE PERMITTED IF ONE OF THE CRITERIA LISTED BELOW ARE MET.
ALL CHANGES MUST BE APPROVED AND ARE NOT GUARANTEED.**

****PLEASE INCLUDE THE REASON CODE FOR YOUR SCHEDULE CHANGE!****

1. Schedule is missing a class period (i.e. nothing appears on schedule for 1st period).
2. Schedule has a class that has been previously passed (i.e. you took the course last year or in summer school).
3. Senior needs to make a change to meet graduation requirements.
4. Schedule has a technical error (courses in conflict, etc.).
5. The teacher (SIGNATURE REQUIRED) and student request a more appropriate level of a subject for the student.
6. Other (be specific)

REQUESTED SCHEDULE CHANGE(S)		
COURSE(S) TO DROP	COURSE(S) TO ADD	REASON CODE (Include text below for Reason Code 6)

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Office use only below this line!

Your request has been:

_____ APPROVED (start new schedule on _____) Authorized by: _____

_____ DENIED (see reason below)

_____ Course is full.

_____ Course offered at time that will conflict with other courses.

_____ Graduation plan does not permit a schedule change.

_____ Other: _____

Return this completed form to the Correspondence Drop Box located in the Main Lobby.

DATE RECEIVED: _____ PROCESSED BY: _____