



COURSE CHANGE REQUEST

Student Name: _____

Advisor Name: _____

Step 1

I have spoken with my advisor about changing my schedule and he/she has referred me to the scheduler (**MS Mr. Johnson / US Mr. Meyer**) to see if it will be possible.

Advisor Signature for Step 1 _____

Step 2

I have consulted with the scheduler (**MS Mr. Johnson / US Mr. Meyer**) to see if the change will be possible. Below is a chart of my current schedule on the left and my proposed new one on the right. ***I am aware this step only shows that the change is possible.***

Scheduler's Signature for Step 2 _____
(DO NOT SIGN IF STEP 1 IS NOT COMPLETE.)

Current (old) Schedule: <i>list proposed courses to delete.</i>		Proposed (new) Schedule: <i>list proposed courses to add.</i>	
Course	Teacher Initials	Course	Teacher Initials

Step 3

The teachers whose classes I am dropping as well as those classes I am adding have initialed the above indicating their approval of this change. (Classes remaining the same require no initials.)

Step 4

I have consulted with the Registrar (**Mrs. Anderson**) to ensure my class changes **will not** adversely affect my graduation requirements.

Registrar's Signature for Step 4 _____
(DO NOT SIGN IF STEPS 1-3 ARE NOT COMPLETE.)

CONTINUED ON REVERSE SIDE ►►►►

Step 5

After completing Steps 1-4 above, I have discussed this change with my parents/guardians who indicate approval by signing below.

Parent/Guardian Signature _____
(DO NOT SIGN IF STEPS 1-4 ARE NOT COMPLETE.)

Step 6

Return to the appropriate scheduler (**MS Mr. Johnson / US Mr. Meyer**) for processing and to receive your new schedule. **The change will not be processed until all steps are complete.**

Date _____ **New schedule processed by** _____
initial

Date _____ **New schedule received by student** _____
initial

You may not begin following your new schedule until you have an official copy of it. Your new teachers will not enroll you in their class until you have a new schedule to show them.