**Calhoun County High School**

**Change of Schedule Request Form**

**(20\_\_-20\_\_) \_\_\_ Semester**

**\*Drop/Add Schedule Date: (May Vary)\_**

Your schedule has been designed according to your requests, courses needed to complete your high school diploma, and availability of courses. A total of **“24” Carnegie Units** are needed for Graduation.

Changes will be considered only when one or more below reasons applies to your individual situation.

* There is a computer error.
* Summer school credits were earned.
* Course conflict
* You are in a course you already passed

If your request meets one or more of the above reasons, please complete this form and return it to your school counselor. Please continue to follow your schedule until you have been instructed to do otherwise. A school counselor may send for you, email you or send your request form to your Advisement Teacher.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisement Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

**Course(s) To Be Removed**

|  |  |
| --- | --- |
| **Course Name** | **Reason Why** |
|  |  |
|  |  |
|  |  |

**Course(s) Name I Would Like Added**

|  |  |
| --- | --- |
| **Course Name** | **Reason Why** |
|  |  |
|  |  |
|  |  |

Reason Course(s) Approved or Denied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_