

Schedule Change Request Form

Student #: _____ Student Name: _____

Student email: _____ Grade _____ Date _____

Change Arena Friday August 25th 8 am - 12 pm

Change Arena Monday August 28th 12 pm - 4 pm

The student class schedule is based on the courses requested during forecasting last spring and on the availability of elective courses. A student's schedule will not be changed unless one of the following circumstances apply, please all check boxes that apply.

- Academic misplacement, as determined and initiated by the teacher.
- A necessary graduation requirement is missing.
- Failure in a prerequisite class.
- A technical error or an obvious mistake.
- A health issue, requiring documentation by a physician.
- An open period is required to access an off-campus class.

Additional Comments:

**** Make requested changes on the back of this form ****



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Current Schedule in Synergy
0
1
2
3
4
5

Change Request - Trimester: 1	
Per.	Course Title
0	
1	
2	
3	
4	
5	

Current Schedule in Synergy
0
1
2
3
4
5

Change Request - Trimester: 2	
Per.	Course Title
0	
1	
2	
3	
4	
5	

Current Schedule in Synergy
0
1
2
3
4
5

Change Request - Trimester: 3	
Per.	Course Title
0	
1	
2	
3	
4	
5	