E. C. Glass High School
2016 – 2017 Schedule Change Request

Schedule change requests must be submitted to your school counselor by the end of the 15th day of the semester.

Schedule changes will only be considered for the following reasons:

1. Incomplete schedule.
3. Failure of a course that must be repeated.
4. Other legitimate reason per page 9 of Program of Studies_____

Schedule changes WILL NOT be considered for the following reasons:

1. To request a different teacher for the same subject.
2. To request a different lunch.

Procedures for Requesting a Change

1. Submit form in your counselor's box located in the School Counseling Office.
2. Request will be reviewed and if it meets the criteria for a schedule change and **if there is room in another class that works in your schedule,** the change will be made.

- **Schedule changes will be made according to space available in classes.**
- **Making a schedule change for one class may result in changing the rest of your schedule.**
- **Before submitting multiple schedule change requests, please take the time to consider the changes you are requesting.**

Please print legibly and complete all sections.

Student Name: _____ DOB: _____ Grade:_____

Phone: _____ Email: _____

Drop Course	Add Course	Alternate Choice

Indicate reason for request (be specific)_____

_____
_____
_____
_____
_____

I understand by making a change in my child's schedule, multiple changes in the schedule may result and some changes cannot be made due to graduation requirements. Yes   No

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Counselor Signature: _____ Date: _____   Scheduler Signature: _____ Date: _____