To make any schedule adjustments, you must complete this form, gather the appropriate signatures and turn it into the counseling office at the designated times. See dates and times below:

**Tuesday, 12/14 11:00am - 12:00pm**
**Wednesday, 12/15 11:00am-12:00pm**

As we have communicated throughout the registration process, schedule adjustments will only be made for the below criteria.

1. You do not meet the course requirement or need to make a level change
2. You need to meet a graduation requirement
3. You have a “See Counselor” on your schedule
4. You want to drop a class for an off hour
5. You want to add a class during an off hour. The class must be the same period and there must be room in the class. Class caps are non-negotiable. A student can only change a class once per period. **These requests will be satisfied on a first come first serve basis.**
6. You want to change from one elective to another elective. The class must be the same period and there must be room in the class. Class caps are non-negotiable. A student can only change a class once per period. **These requests will be satisfied on a first come first serve basis.**

**We will NOT be making schedule adjustments to change off-periods and/or teachers.**

Last Name, First Name: ______________________________________________________________________________________

Current Class: _______________________________________________________________________________________________

Requested Class or Off Period: __________________________________________________________________________________

Reason for Request: __________________________________________________________________________________________

Student Signature: ___________________________________________________________________________________________

Parent Signature: ____________________________________________________________________________________________

Teacher Signature (required if dropping or changing a year long class): ________________________________

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**Level Adjustments Only** (all other adjustments may disregard the following):

If I am choosing to move to a more advanced class than what was recommended for me, I understand the risk I am taking by enrolling in this class. I realize by making this change, I may need to go in for extra help or seek the help of a tutor at my own expense.

Initial __________________

I realize that by making this change, it may require a change to the rest of my schedule, which may mean that the other classes I originally chose may not be available. I understand if my alternate selections are not available that my counselor may choose classes to fill my schedule.

Initial __________________

Current Teacher Signature/Comments: __________________________________________________________________________

Department Chair Signature: __________________________________________________________________________

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Counselor office use only:

Change made? ________________ Initials ________________ Date ________________