

SCHEDULE CHANGE REQUEST FOR GCHS

Counselor : _____
Grade Level: _____ Date: _____

Students are scheduled into classes based on teacher recommendations and spring course requests. Students were asked to select courses carefully because schedule changes would not be made during the school year. **June 1, the last day of school, was the deadline to make course request changes.**

You may complete this form for the following reasons ONLY:

- 1.) You have the same course listed twice in your schedule.
- 2.) You already have credit for the class in which you are scheduled.
- 3.) You do not meet the prerequisite for the class.
- 4.) Your schedule is lacking an academic class.

* DO NOT complete this form if:

- 1.) You changed your mind about your selections.
- 2.) You want to change blocks to be with your friends.
- 3.) You want to change to another teacher.

Your form will be returned to you for any of the 3 reasons stated above.

You should attend your scheduled classes until an appointment with your counselor can be arranged. Your counselor will call you down.

Last Name _____ Please Print _____ First Name _____ Please Print _____

Student ID # _____ Home phone number# _____
Cell number _____

Course you wish to drop. _____ Course you wish to add. _____

The Reason for this request?

Please return this form to the Attendance and Discipline Office.

W/F (withdrawn/ failing) withdrawal codes will be added to your transcript when you drop a class after the first 5 days of school:

Counselor Comments: _____
