**Request for Schedule Change**

Student Name: Date: Grade:

**Note to Students: DO NOT ask for a schedule change until you have reviewed the “2016-17 HS MASTER SCHEDULE”.** You will only be permitted **ONE** schedule change request. Please put any course you want to change on this form. MULTIPLE FORMS WILL NOT BE ACCEPTED!

**MUST HAVE TEACHER SIGNATURES ONLY FOR CLASSES THAT WILL CHANGE!!!**

 ***Current Schedule Teacher Signature Requested Schedule Teacher Signature***

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Why are you requesting the above change(s) to your schedule?

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**Parent/Guardian Signature**: **Student Signature**:

**DUE: NO LATER THAN August 26TH. RETURN TO STUDENT SERVICES OFFICE.**

**OFFICE USE ONLY**

 \_\_\_\_\_Approved \_\_\_\_\_ Not approved

\_\_\_\_\_\_\_\_\_\_ Date Entered in Skyward