

Date: _____

SCHEDULE CHANGE FORM

Student _____

Current Grade _____

Course to Add: _____ (# of Credits) _____

Course to Add: _____ (# of Credits) _____

Course to Add: _____ (# of Credits) _____

Course to Add: _____ (# of Credits) _____

Course to Drop: _____ (# of Credits) _____

Course to Drop: _____ (# of Credits) _____

Course to Drop: _____ (# of Credits) _____

Course to Drop: _____ (# of Credits) _____

Parent's Signature _____

NO SCHEDULE CHANGES PERMITTED AFTER THE LAST DAY OF SCHOOL