

Tallmadge High School Schedule Change Request Form

Student Name: _____ **Student Grade:** _____

This form must be completed and returned to the School Counseling Office by the third (3rd) day of the semester for consideration of a schedule adjustment.

As a counseling department, we are committed to helping students make thoughtful and informed courses choices. The Master Schedule is based upon student course registrations, which limit the opportunity for course changes once schedules are created. There will be no change made because you changed your mind about a course.

Any schedule change made after the first three (3) days of the semester must be approved by administration.

Indicate Reason for Schedule Change Request

SCHEDULE CHANGES WILL ONLY BE CONSIDERED FOR THE FOLLOWING REASONS: (check one of the following)

- Did not receive a course required for graduation
- Enrolled in a course you have already completed and received credit
- Enrolled in a course for which you have not met the prerequisite
- Missing a class, incomplete schedule
- Technical error made in the process of scheduling the student's request.
- Have a physical injury that does not allow participation in a class
- Scheduled for same course twice
- Wish to increase rigor of schedule

Indicate the courses you would like to change

Drop Course	Add Course	Alternate Choice

Please give specific reasons for above schedule change request(s):

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

- One of the above reasons must be indicated and apply to your request.
- No changes are guaranteed, even if a teacher has agreed to a change.
- No phone calls or emails regarding schedule changes will be accepted.
- In extreme circumstances (e.g. incorrect academic placement, medical excuse, etc.), schedule changes might be considered after the first 3 days of the semester

FOR OFFICE USE ONLY

Approved Denied _____

Signature _____ Date _____