

# INCLINE HIGH SCHOOL COURSE CHANGE REQUEST

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. This is a **request** form only. **There are no guarantees that your request will be granted.**
2. You will be notified if your request has been approved.
3. Check your **student email** for a copy of your new schedule.
4. **You must remain in your currently scheduled classes until you are notified by the counselor.**
5. Approval of this request is subject to course availability and master schedule flexibility.
6. Online classes are only approved on a case-by-case basis and are reserved for **absolute necessity.**
7. This form must be filled out **completely** to be considered for a schedule change.

## REASON FOR REQUEST

- |                                      |  |
|--------------------------------------|--|
| _____ Missing Graduation Requirement | _____ Missing College Entrance Requirement |
| _____ Unassigned Period              | _____ Change Needed for Diploma Type       |
| _____ Math Placement                 | _____ Want a Different Elective            |
| _____ Language Placement             | _____ Other: _____                         |

**CHANGES REQUESTED:**

	DROP REQUESTED	TEACHER SIGNATURE	ADD REQUESTED	TEACHER SIGNATURE
PERIOD	CLASS		CLASS	
0				
1				
2				
3				
4				
5				
6				
7				
8				

**Parent Signature Required:** \_\_\_\_\_

\*\*\*\*\* TO BE COMPLETED BY COUNSELING OFFICE ONLY \*\*\*\*\*

Your request has been reviewed and:

- \_\_\_\_\_ Your change has been processed. Your new schedule is attached.
- \_\_\_\_\_ Your request does not fit into the above guidelines.
- \_\_\_\_\_ One or more of the courses you requested are full.

Other: \_\_\_\_\_

**Counselor Signature:**