Drop/Adds will take place January 24th & 25th from 11:20am to 12:30pm in Student Services

Request for Schedule Review

*Student's Name and Email (print clearly)	Grade (circle one)	Counselor (circle one)
	9 10 11 12	Barrons Bedolla Coss

REQUESTS FOR SCHEDULE REVIEW MUST MEET ONE OF THE CRITERIA LISTED BELOW. Check the box that applies.

- ❑ I have an incomplete schedule.
- ❑ I already earned credit for a course listed on my schedule.
- ❑ I need to drop/add a course to fulfill a graduation requirement.
- ❑ I am retaking a course and would like to try it with a different teacher.
- ❑ I have an IEP, a 504 Plan, or ESL services and have concerns about a course listed on my schedule.

Please complete the following information for the course(s) you want to drop and the course(s) you want to add.

DROP			ADD		
Semester	Hour	Course	Semester	Hour	Course
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	
1st 2nd	1 2 3 4 5 6		1st 2nd	1 2 3 4 5 6	

If you believe your situation necessitates a rare exception to this policy, write a detailed rationale for your drop/add request below.

_____

_____

_____

_____

Student Signature

I approve of my student's Request for Schedule Review

_____

Parent Signature*

*Required Field

For office use only **Decision of Review**

_____ Request Approved - new schedule attached

_____ Request Denied - for the following reason(s)

- ❑ Did not meet criteria
- ❑ No available seats (class full)
- ❑ Schedule conflict
- ❑ Other_____

_____
counselor's initials