

CAPITAL HIGH SCHOOL
CLASS SCHEDULE CHANGE REQUEST FORM 2016-2017

- *Please return to Counseling Center – Do Not make an appointment.*
- *An incomplete form will not be accepted.*
- *Student will be notified when a decision has been made.*

Name _____ Date _____ Grade _____

Counselor _____ Student Cell #: _____ Email _____

NOTE: Changes will be made **only** if the request meets one of the following criteria:

1. You have **failed** a class
2. You have taken this class in the summer
3. You are a **Senior** who needs a course to meet graduation requirements
4. There is a **current health** issue that requires a change in schedule
5. Inappropriate class placement (i.e: placed in inappropriate level of language or math)
6. Duplicate Class
7. Other concerns not listed above will be considered but are limited by availability.

ONLY LIST INCORRECT CLASS AND PERIOD!

CURRENT CLASS	REQUESTED CLASS

REASON FOR REQUESTING THIS CHANGE:

FORM IS NOT VALID WITHOUT PARENT SIGNATURE

Parent's signature _____

Counselor's determination:

- ❖ Approved – see attached schedule
- ❖ Denied – Reason: a) Does not meet criteria listed above.
b) Other (Explanation):