SCHEDULE CHANGE REQUEST

Public Charter High School

Student Name: ___________________________________________ Date of Request: ____________________

Advisor: ______________________________________________________________________________________

Grade Level: __09  __10  __ 11 __12

ALL SCHEDULE CHANGE REQUESTS MUST BE SUBMITTED ON THIS FORM.

REMINDERS
--This is a request only! If the request is approved, you will receive a newly printed schedule.
--Continue to follow your current schedule until you receive feedback from the Registrar.
--Changing one class may rearrange your entire schedule
--This form must be COMPLETELY filled out before it will be considered. PRINT CLEARLY.

REQUESTS FOR CHANGES WILL ONLY BE PERMITTED IF ONE OF THE CRITERIA LISTED BELOW ARE MET.
ALL CHANGES MUST BE APPROVED AND ARE NOT GUARANTEED.

**PLEASE INCLUDE THE REASON CODE FOR YOUR SCHEDULE CHANGE!**

1. Schedule is missing a class period (i.e. nothing appears on schedule for 1st period).
2. Schedule has a class that has been previously passed (i.e. you took the course last year or in summer school).
3. Senior needs to make a change to meet graduation requirements.
4. Schedule has a technical error (courses in conflict, etc.).
5. The teacher and student request a more appropriate level of a subject for the student.
6. Other (be specific)

REQUESTED SCHEDULE CHANGE(S)

<table>
<thead>
<tr>
<th>COURSE(S) TO DROP</th>
<th>COURSE(S) TO ADD</th>
<th>REASON CODE (Include text below for Reason Code 6)</th>
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Student Signature: ___________________________________________ Date: ____________________

Parent Signature: ___________________________________________ Date: ____________________

Your request has been:

_____ APPROVED (start new schedule on ________________________) Authorized by: ____________________________

_____ DENIED (see reason below)

_____ Course is full.

_____ Course offered at time that will conflict with other courses.

_____ Graduation plan does not permit a schedule change.

_____ Other: ____________________________________________

Office use only below this line!

Return this completed form to the Registrar’s box in the main office.

No schedule changes will be made after February 10.

DATE RECEIVED: ___________________________ PROCESSED BY: ____________________________