Chris Hubbuch, Principal Keelie Stucker, Assistant Principal Gail Bush, Counselor (A-K) Bob Mason, Counselor (L-Z) Jeanne Williams, Registrar

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## 2013-14 Schedule Change Request

All schedule change requests must be approved through the Counseling Center and/or administration. Only requests such as the following will be considered for approval: incorrectly placed in the wrong level of a course, incorrectly placed in the wrong grade level class, scheduled for the same elective twice, missing a course, etc.

All requests for schedule changes will be accepted until Friday, August 23<sup>rd</sup>. Decisions will be made and schedules changed by Thursday, August 29<sup>th</sup>. Any changes necessary due to academic or behavioral concerns will be made by administration on an ongoing basis throughout the school year.

**Students:** Please complete the requested information and return it to the Counseling Center for review. Only fully completed requests will be considered. Once a decision has been made, you will be notified.

Student Name:	Grade:	Date:
Course requesting to drop:		
Course requesting to add:		
Brief explanation/rationale of reque	st:	
Parent/Guardian signature	Comments*	Date
Teacher signature (drop course)	Comments*	Date
Teacher signature (add course)	Comments*	Date
	*Continue comments on back	if necessary
Counselor decision: Appr	oved Denied In	itial Here:
Reason for decision:		
Administrator decision: Appr	roved Denied In	itial Here:
Reason for decision:		