

WHS Counseling

Schedule Change Request Form



STUDENT NAME _____

1st Period Teacher _____

COUNSELOR (Circle)

A-COL = McDonald

COM-G = Witt

H-LA = Wiese

LE-OL = Nold

OM-SO = Jenkins

SP-Z = Sieber

Scheduling Reminders: It is the responsibility of the student to verify that a class change will meet the requirements for graduation and scholarship opportunities. Changing your schedule may result in class periods or teachers changing. Other things to consider:

- Students must have 6 classes. AP Study Hall qualifies for students taking 2 or more AP classes.
- Students may NOT request a teacher change.
- AP & other advanced classes require the principal's approval.
- No schedule can be changed after the 5th full day of the semester.
- You must follow your current schedule until there has been a change in Infinite Campus.
- Check Infinite Campus or with your 1st period teacher to see if your request was approved.

DATE _____ CLASS I WOULD LIKE TO DROP _____

EXPLAIN WHY:

LIST THE COURSE(S) THAT YOU LIKE TO ADD *(In order of choice):*

1st _____ 2nd _____
3rd _____ 4th _____

PARENT SIGNATURE _____

PRINCIPAL SIGNATURE (Required for AP/Advanced Classes) _____

TEACHER SIGNATURE (Required for AP/Band/Chorus/Orchestra/JROTC) _____

FOR OFFICE USE ONLY

CHANGE COMPLETED: _____ YES _____ NO _____ RETURNED TO STUDENT

_____ Class change is not possible. Please request this course next year.

_____ Please make appointment to see your counselor.

_____ Other (See counselor's comments below)

