

WHS Counseling

Schedule Change Request Form



STUDENT NAME _____

1st Period Teacher _____

COUNSELOR (Circle)

A-COL = Thompson

COM-G = Witt

H-LA = Wiese

LE-OL = Nold

OM-SO = Smith

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.**
- **Students may NOT request a teacher change and rearrange the order of classes.**
- **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 a change is made 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 midyear AP requests, all EL requests & Co-Curricular changes) _____

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)

