

Totino-Grace High School

Student Schedule Change Request



Student Name _____ Grade _____ Date of Request _____

- Before requesting a schedule change, students must meet with their School Counselor for conversation about the course change(s), credit checks for juniors and seniors, and approval of changes.
- A schedule change will only be made if there is room in another class.
- Teacher changes are not allowed, unless students and parents have discussed a significant reason for the change.
- Students must follow their current schedule until schedule changes are approved and finalized.

Name of course(s) student would like to add

Instructor Signature

Name of course(s) student would like to drop (\$50 fee)

Instructor Signature

School Counselor's Signature (after credit check) giving approval of the listed change(s)

Date _____

Parent/Guardian Signature giving approval for the listed change(s)

and acknowledgement that your student's account will be charged \$50.

Date _____

For Academic Office Use

Date student returned signed request form and fee (if applicable) _____

Credit status checked to approve change(s) _____

\$50 fee _____ paid _____ waived