



SCHEDULE CHANGE REQUEST FORM

DELASALLE HIGH SCHOOL

Students must obtain signatures from the teacher they are moving from; the teacher they are moving to; a parent; College Counselor; the Assistant Principal (Ms. Coughlan) or Academic Dean (Mr. Tessmer); and the Registrar (Ms. Gallagher). Course request changes must be submitted within the first 2-weeks of the semester. *Students **need** signatures from each period affected by the change and must follow their current class schedule until all signatures are obtained.*

Secure signatures in this order:

Teachers, Parents, College Counselor, Assistant Principal or Academic Dean, Registrar

Student: _____ **Grade:** _____ **Date:** _____

Reason for the request: _____

Course(s) to Drop	Period	Teacher(s) Signature	Approval	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Course(s) to Add	Period	Teacher(s) Signature	Approval	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Parent/Guardian Signature

Student Signature

RESULT OF REQUEST: APPROVED DENIED

College Counselor

Asst Principal (Ms. Coughlan)/ Academic Dean (Mr. Tessmer)

Registrar Signature (Ms. Gallagher)