

Georgetown ISD Secondary Schools Request for Schedule Change



Student _____ ID# _____ Grade _____ Date _____

Student Email _____ Phone Number _____

- *Schedule change requests must be made in writing, with a parent signature, within five (5) days of the start of class. Requests may not be approved.*
- *If you submit the Schedule Change Form, we will attempt to make the change. We will not contact you first to discuss the changes; we will make the requested changes if there is availability.*
- *Counselors will not overload a class to accommodate a request.*
- *Please note that requesting a schedule change may cause many or even all of your classes to change. Once you submit the Schedule Change Form it is with the understanding that if the change is made, it is final.*
- *Requests for change of teacher will be denied.*
- *Students must follow their current schedule until they have been notified by the Counseling Office that the schedule change is complete or that the request will not be approved. Counselors will contact the student when we have completed the schedule change – students do not need to come to the counseling office to check on their request.*
- *Students taking Pre-AP/AP courses will abide the Pre-AP/AP Course Commitment and the guidelines for Petition for Pre-AP/AP Course Exit.*
- *Students taking GT and/or high school credit courses while in middle school will abide the Pre-AP/AP Course Commitment and the guidelines for Petition for Pre-AP/AP Course Exit.*

Requests for schedule changes will be approved for the following reasons:

1. Error in schedule (This will be confirmed by counselor and the course verification form. If the course verification form was not returned, this request will be denied.)
2. Student failure in prerequisite course
3. Change in program/level (athletics, band, choir, orchestra, etc.)
4. Level changes as recommended by teachers and counselor with parental knowledge and principal approval

Course to be dropped	Course to be added	Reason # for request (from list above)	Coach/Instructor Signature (if applicable)

Explanation for request (*must be completed in order for the request to be considered*)

Parent Signature & Date (required)

Student Signature & Date (required)

Date Received: _____ Date Completed: _____ Counselor's Initials: _____