

Schedule Change Guidelines

Changing a course requires discussion with family and the counseling department since changes can impact learning, long term success, and future college goals.

Students are expected to use all possible resources available to them before considering a **course level change**, such as completing all assignments, engaging in opportunities for additional assistance, and conferencing with the teacher. "Teacher changes" (requesting a different teacher for the same course) will not be honored unless the student has failed a course with the teacher previously. Schedule change requests will be approved ONLY IF space is available in the desired course. **Classes that are dropped within the first 10 class meeting days will be taken off of a student's schedule without a record on the report card or transcript. After 10 meeting days, the report card and transcript will indicate either W/P (withdrawn passing) or W/F (withdrawn failing.). (Exception: For nine weeks courses, the time period is 5 meeting days). Students with a W/F will be academically ineligible effective when report cards are issued at the end of the quarter.**

Priority changes include having a hole in your schedule, being enrolled in a course for which you have already received credit or being enrolled in a class where you do not meet the required prerequisites.

All level changes require direct communication between the teacher, student, and parent along with all signatures on this form.

FIRST FOUR MEETING DAYS

All students must remain in a class for the first four meeting days **excluding the students who may qualify for a schedule change according to the criteria listed on the schedule change form.** This allows students the opportunity to attend each class four times before making decisions about appropriate placement in a class. Additionally, this gives the teacher a chance to gauge a student's ability and likelihood for success in the course.

AFTER THE FIRST FOUR DAYS MEETING PERIODS

Students may submit the schedule change form for changing levels of the same course to the counseling office. Forms must include parent and teacher signatures.

SECOND SEMESTER

The same time frames and rules apply for courses that start second semester. The time frames begin on the first meeting day of the second semester class.

Schedule Change Request

STUDENT LAST NAME: _____ **STUDENT FIRST NAME:** _____
SCHOOL COUNSELOR: _____ **GRADE:** _____
DATE: _____

Necessary adjustments will be made as required, but they are not guaranteed. This is a **REQUEST** form **ONLY**; there is no assurance that your request will be accepted. Note that there may be schedule change limitations due to class size, balance, and original requests being met.

Schedule Change Requests May be Made for the Following Reasons:

- ☐ I am enrolled in a course but have not completed the prerequisite.
- ☐ I am enrolled in a course that I have already taken and passed.
- ☐ I am unable to participate in a course due to physical limitations.
- ☐ I am a senior who requires a specific course for graduation.
- ☐ I have been approved for an internship, release time, or dual enrollment, but it has not yet been scheduled.
- ☐ I am missing a course that is essential for a completer or CCCTC program.
- ☐ I am requesting a schedule to enhance the rigor of my educational program (e.g., Honors or AP course).
- ☐ I am academically misplaced e.g., in a course that is too challenging for me.

Schedule Change Procedure:

If one of the above reasons applies to you, complete the form below, with a teacher signature, and return to your school counselor. **NOTE:** Each schedule change request requires the student to communicate with the teacher of the dropped and added course(s) and have the teacher sign the form.

DROP

COURSE NAME	TEACHER SIGNATURE & DATE	MOD
TOTAL CREDITS DROPPED		

ADD

COURSE NAME	TEACHER SIGNATURE & DATE	MOD
TOTAL CREDITS ADDED		

Student Signature: _____

Parent/Guardian Signature: _____

-----**Office Use Only**-----

Processed - Date of Change: _____/_____/_____

Unable to Process - Date of Parent/Guardian Contact: _____/_____/_____

☐ Class section full ☐ Conflict ☐ Does not meet required criteria

School Counselor Signature: _____ AP Coordinator Signature, if applicable: _____

Administrator Signature: _____