FLEETWOOD AREA HIGH SCHOOL COURSE CHANGE REQUEST FORM

The Master Schedule is developed based upon student requests. Therefore, changes in requests may impact the distribution of courses as well as change the availability of certain courses based on adjusted enrollment numbers. With this in mind, course change requests are not approved on the basis of instructor or peer involvement. No changes will be made without the approval of High School Administration.

In an effort to ensure the success of all students and maintain the functionality of the Master Schedule, the Add/Drop period will be the first full cycle of each semester (year-long courses may not be changed at the second semester add/drop period – therefore all appointment requests with the School Counselor should be made within this time period.
Course adjustments after the first full cycle will result in a mark of WF (withdraw-failing) on the student's transcripts.

SECTION A: ***To be completed by student prior to meeting with School Counselor.*** DATE:_____

STUDENT NAME:_____ GRADE LEVEL:_____

DROP THE FOLLOWING COURSE:_____ PERIOD:_____

DESIRED COURSE TO ADD:_____ PERIOD:_____

REASON FOR REQUESTED CHANGE:_____

SECTION B: ***To be completed by the student's School Counselor.*** (**SCAN** TO SCHEDULE APPOINTMENT WITH COUNSELOR)

Met with student to:

☐ DISCUSSED COURSES IN QUESTION

☐ DISCUSSED IMPACT ON SCHEDULE

☐ GRADUATION REQUIREMENTS DISCUSSED

*Notes:*_____

☐ DISCUSSED IMPACT ON TRANSCRIPTS / NCAA (*if any*)

*Notes:*_____

DATE:_____ COUNSELOR INITIALS:_____

PROPOSED SCHEDULE ADJUSTMENTS			
Per	COURSE DROP	Per	COURSE ADD
1		1	
2		2	
3		3	
4		4	
5 A/B		5 A/B	
6		6	
7		7	
8		8	

SECTION C: ***To be signed by student and parent/guardian and returned to the High School Main Office.***

Signing below acknowledges the following:

- Student is required to complete ALL work that was assigned prior to transfer date into the newly scheduled course.
- Student will receive a WF on transcripts for any course dropped after the first full cycle.
- Student and Parent/Guardian **signatures do not guarantee approval** from school district.

STUDENT SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

SECTION D: ***To be completed by Building-Level Administrator.***

OFFICE USE ONLY:
Date Received:_____

○ APPROVED ○ SCHEDULE ADJUSTED AS SHOWN IN THE ABOVE TABLE. DATE:_____

○ DENIED (REASON) _____

○ WF ○ NO WF ADMINISTRATOR SIGNATURE:_____