Student Schedule Change Request Form

Schedule Changes will be made by counselors for the following reasons only:

1. The student has an incomplete schedule.
2. The student has a failure from the previous trimester in a prerequisite course based on availability.
3. The student completed a course previously that is on the schedule. (repeat)
4. Student has both terms of a class in the same trimester.
5. Classes are out of sequence.
6. Seniors missing a graduation requirement.

Request for other reasons including elective changes must be made in writing by the student providing a written rational for the change (attached to this form) and approved by the HHS Counseling Office.

*For a list of Huron High School courses refer to the Course Catalog that can be found @ HHS Counseling Google Classroom (wplun5g)

Incomplete & illegible requests will not be considered.

Student Name: _____ **Email:** _____

Date: _____ **Counselor:** _____

***Any prospective university/college must be notified prior to any change.**

DROP:

Course Name	Term	Hour	Teacher

9th/10th Counselor: Mr. Hallman
11th/12th Counselor: Mrs. Backhaus/Ramey
College/Career Counselor: Mr. Pliska
Principal: Ms. O'Brien
Assistant Principal: Mrs. Collada

ADD:

Course Name:
1.)
2.)

Student Signature: _____ (required) Parent Signature: _____ (required)

All documentation to support change request has been attached: ☐ Yes ☐ No

Counselor Notes: _____

_____

_____

Counselor Signature: _____

☐ **Request Approved**

☐ **Does not meet criteria/not feasible**