

Stikine Middle School & Wrangell High School Class Schedule Change Form

Student Name: _____ Date: _____ Grade: _____

NOTE: Changes after the semester has started will only be made within the first five (5) days of the semester or with the principal's approval. Incomplete and late forms will not be accepted.

Class to be Dropped	Class to be Added

Reason for requesting this change:

**Change requests need to meet one of the following criteria: 1. The class is a graduation requirement, 2. The class was previously failed with the same teacher, 3. The prerequisite class needs to be retaken, 4. Placement in the class was not a request or alternate choice at pre-registration, 5. The class is a duplicate class, 6. Exceptional circumstance (ie: health/medical) or mitigating factors with class.*

We the undersigned, are in support of this schedule change:

Student Signature

Date

Teacher Signature (Class Dropped)

Date

Teacher Signature (Class Added)

Date

Parent/Guardian Signature

Date

Office Use Only

Request Approved/ *Denied (*explained below)

Principal's Signature _____ Date _____

Teachers notified _____ Counselor notified _____

Course change completed by _____ on _____