IHS Counselors 9th – 10th
Circle your counselor's name

Ms. Graham – A-D
grahamla@svsd.net

Mr. Murray – E-K
murraysj@svsd.net

Ms. Calder – L-Q
calderaj@svsd.net

Ms. M. Christopher – R-Z
christopherms@svsd.net

SENECA VALLEY HIGH SCHOOL
ADD/DROP CHANGE REQUEST

SHS Counselors 11th – 12th
Circle your counselor's name

Ms. McQuiston – A-D
mcquistonwj@svsd.net

Ms. D. Christopher – E-K
christopherdm@svsd.net

Ms. Shipe – L-Q
shipejj@svsd.net

Ms. Estvanik – R-Z
estvanikce@svsd.net

Last Name	***First Name***	***Grade 2026-2027***	***Student ID#***

DROP	
Course #	Course Name

ADD	
Course #	Course Name

Date

Parent/Guardian Signature

Some course changes may require teacher approval and/or parent waiver.
The guidance office will advise if teacher approval is required.

Schedule change requests will be processed on a first come-first serve basis. First semester and full year schedule change requests will not be accepted after **3:00 pm on TBD.** Second semester schedule change requests will not be accepted after **3:00 pm on TBD.**

Please be aware the completion of this form is NOT to be considered as an approval for a schedule change. Your schedule change request may not be possible due to the class periods that courses are offered. Please follow your current schedule until you hear from your counselor.

Updated 02.20.2026