

# STUDENT SCHEDULE CHANGE

**STUDENT NAME**

**ID NUMBER**

**GRADE**

**DATE**

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9	10	11	12
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M	D	Y

(LAST)

(FIRST)

**DROP**

**ADD**

COURSE TITLE	O/E	TEACHER	INIT	PER	COURSE TITLE	O/E	TEACHER	INIT	ROOM

A	B	C
LUNCH		

Please return the white copy to the counseling office after the teachers have signed.

\_\_\_\_\_  
**COUNSELOR / ADVISOR**

\_\_\_\_\_  
**CASE MANAGER**

DW-105 Student Schedule Change Rev. 4/26      white-office      yellow-student

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