

Schedule Change Form (August 2015)

Use this form to identify academic program needs.

Name _____

Advisor _____

Year of Graduation _____ House _____

Add

Course Title _____

Remove

Course Title _____

Parent/Guardian Signature _____ Date _____

If student has a case manager, please be sure that case manager approves changes and signs this form BEFORE a change is made.

Case Manager Signature _____ Date _____

Student Signature _____ Date _____

Office Use Only

Change made: Yes No Counselor: _____

Date: _____

If no, the reason is...