

SCHEDULE CHANGE REQUEST FORM 2017-2018

**** TO BE USED AFTER 9/22/17 – Please return to Counselor****

Student: _____ Grade: _____ Counselor: _____ Date: _____

Course Requesting to Drop: _____

Course Requesting to Add: _____

Are you registered for NCAA? (or planning on registering) yes no

1. Reason for requesting change (please check one)

___ Error or Omission ___ Co-op/Internship ___ Accommodate U of R/RIT/MCC
___ Graduation Requirement ___ Level Change (AP to Regents) ___ Replace Study Hall with a Class

2. Parent's Comment: (required): Why do you feel this is in the best interest of your child? (Changes will not be considered without this comment).

Parent/Guardian Signature

Date

Daytime Phone # (cell, home, or work)

3. Teacher/Case Manager: Signature indicates that you are aware the student is considering a drop, please contact counselor with any relevant information.

_____ **TEXTBOOK MUST BE RETURNED TO TEACHER**

Teacher Signature

Date

Case Manager (if you have an IEP)

Date

4. I understand that this is ONLY a request to change my schedule. The request will be evaluated and a decision will be made by the grade-level Academic Achievement Team. **I must attend class until I am notified of the committee's decision.**

For semester courses dropped after 5 weeks and full-year courses dropped after 10 weeks, my report card will reflect the following:

- A "W" (Withdraw) will show for the final course average. My transcript will also report this and will remain on my permanent record.
- **Courses dropped including AP classes may impact college admission.**

Student Signature

Date

For Office Use Only:

Date drop request made: _____

Date form returned to counselor: _____

Date to be reviewed by Achievement Team: _____

Approved _____ Denied _____

Counselor Signature

Date