



Student Schedule Change Form

Student's Name: _____ Grade: _____

Today's Date: _____

*The last day to ADD or DROP a class is **Friday, August 16th.***

A=Add D=Drop	Period(s)	Course Code	Subject	Cycle Days	Teacher's Signature
D	1, 1	EEDAR-1	English I	M,T,R	

Academically, justified reason for requesting this change:

Counselor's Response: _____

Counselor's Signature: _____

Completed: _____