

# SCHEDULE CHANGE REQUEST FORM (AUGUST, 2016)

NAME \_\_\_\_\_ COUNSELOR \_\_\_\_\_

Your grade in 2016-17 \*school year (please circle one) 9 10 11 12

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

### Request for schedule changes should be made when:

- A core content course is missing from a schedule (this does not include electives or Advanced Placement courses into which a student is not enrolled)
- Duplicate courses are present in the schedule (those that the student has previously taken and passed)
- Required elective coursework for graduation in the state of NJ is missing from schedule
- The student has been assigned to the academic level other than that selected in the spring scheduling process

### We cannot accommodate schedule request changes that are:

- Requests for a specific teacher
- Requests for a specific class period
- Requests for different electives
- Requests for level change (level changes were addressed during the spring planning process)

### Please select one of the following:

#### My schedule conflict:

1. Core content or major subject is missing \_\_\_\_\_
2. Has a course that I previously passed \_\_\_\_\_
3. Is missing a **Required** elective course for graduation \_\_\_\_\_
4. Academic level other than that selected during the spring scheduling process \_\_\_\_\_

Explain the conflict: \_\_\_\_\_

Please take out: \_\_\_\_\_

Please put in: \_\_\_\_\_

Please sign below and submit

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_