

Winter Springs High School Student Services

Schedule Change Request Form



Date: _____

Student Name (PRINT): _____

Student Number: _____

Email: _____

Counselor: _____

Phone: _____

1. **SCHEDULE CHANGE POLICY:**

Students may be change their schedule during the first 5 days of the semester for one of the following reasons:

- a. *Credit has been earned in the class.*
- b. *You have less than 7 courses on your schedule.*
- c. *The pre-requisite for the course has not been met.*
- d. *Change of academic level (i.e. AP to honors or honors to standard)*

2. A request for a schedule change **does not** guarantee a change. If the request is granted, other classes/periods (including your lunch) may be changed to accommodate your request.

3. **SENIORS:** If you have applied to a university/college, it is your responsibility to inform and/or acquire approval from the school before requesting a change as this could affect your admission status.

Class to DROP	Semester 1 or 2	Class to ADD	Semester 1 or 2

Reason for Change:

Student Signature: _____ Parent Signature: _____

School Counselor Initials: _____ Date Changed: _____