

Schedule Change Request

Student's Name: _____

Advisor's Name: _____

Class(es) Dropping:

Class(es) Adding:

The student is responsible for making changes to his/her Four Year Plan with the advisor.

Parent Signature: _____ Date: ____/____/____

Juniors/Seniors – must carry 5 classes plus PE Freshmen/Sophomores – must carry 6 classes plus PE
(To be eligible for Activities and Sports, you have to be a full time student enrolled in 5 classes and PE)