

SCHEDULE CHANGE REQUEST FORM

Student Name: _____

Home/Cell Phone Number: _____

Please check the reason(s) that you are requesting a schedule change.

- 1. _____ I have an incomplete schedule.
- 2. _____ I am missing a course that I need for promotion or graduation.
- 3. _____ I have already passed and received credit for a course on my schedule.

Please provide the class changes that are needed below.

Drop: _____

Add: _____

Drop: _____

Add: _____

Drop: _____

Add: _____

Student Signature

Date

Please drop this form off at the Career Academy front office between 8:00 a.m. and 4:00 p.m. If your schedule request is approved, you will be notified and provided a new schedule. You may also fax this form to 706-876-3602.