



REQUEST FOR SCHEDULE CORRECTION

20__ / 20__

Name: _____ Grade: _____ Class of: _____ Date: _____

This section to be completed by the Teacher

Course to be dropped: _____ Period: _____ Semester: _____

Did the student turn in their Textbook: Yes _____ No _____ Cost of replacement or damage: \$ _____

Does the student have any other outstanding course items? Yes _____ No _____

If so, please list item(s) and replacement cost(s): _____

After the 9th week, teachers please check one. Student is: Passing _____ Failing _____

Signature from Teacher: _____ Date: _____

Reason for change:

- _____ Failed/has not met the prerequisite for the selected course
- _____ Inappropriate placement into course
- _____ Medical condition that precludes the student from course (Medical note attached)
- _____ Teacher recommendation. Teacher name: _____
- _____ Other (explain reason for other)

Course placed into Schedule: _____

GRADING AND CREDIT POLICY FOR DROPPED COURSES:

Students are expected to complete the course for which they enroll. Schedule corrections will only be made because of computer error, teacher recommendation or medical reason. A parent/guardian signature is required to complete a change even if the student is 18 years of age.

_____ **Before the end of week 4:** Nothing will appear on your report card or permanent record if a course is dropped before the end of week 4. Course fee(s) will be refunded in full.

_____ **During weeks 5-9:** The grade of "W" will appear on your report card and on your permanent record for courses dropped. This will not affect your grade point average. Course fee(s) will be partially refunded.

_____ **After week 9:** The grade of "W" if you are passing or an "F" if you are failing at the time of drop. A grade of "F" will be included in the calculation of cumulative GPA and class rank. Course fee(s) will not be refunded.

I have read and I understand the grading and credit policy for dropped courses. I understand that I am responsible for any outstanding fees as a result of this drop.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Case Manager Signature (if applicable): _____ Date: _____

This section to be completed by Counseling Secretary

Record had been changed (circle one): Before week 4 W (Withdrawal) F (Fail)
If the student has received a W or F due to the schedule change, this form needs to be placed in the Student's cumulative file or scanned to their Campus profile. If a grade change did not occur, the document will be returned to the Counselor. Initials: _____ Date: _____

Fee information has been sent to Finance Secretary: Yes _____ No _____ Date: _____