Oakdale High School Counseling Department

Schedule Change **REQUEST** for the 2018-19 School Year

*Name*_____ ***Grade***_____ Parent's cell/work_____
Student cell_____

SCHEDULE CHANGE PRIORITIES- PLEASE CIRCLE ONE:

1. Course sequence or prerequisite concerns (ex: Spanish I must be taken before Spanish II)
2. Academic level corrections or changes (ex: Honors to Merit)
3. Balance concerns (ex: too many academic courses in one semester)
4. Reschedule to take a failed class
5. Elective changes are probably **not** possible due to staffing decisions based on initial student requests.

The following are some, **but not all of the reasons,** a change will be denied:

1. Request for another teacher
2. A course is closed
3. Class will result eating on a different lunch shift
4. Changed mind about a class

I would like to DROP the following class(es) :

_____ _____
_____ _____

I would like to ADD the following class(es):

_____ _____
_____ _____

Please explain how this change will improve your educational program.

PARENTAL APPROVAL

I HAVE DISCUSSED THIS CHANGE WITH MY CHILD. IF A COURSE CHANGE IS REQUESTED AFTER THE FIRST FIVE DAYS OF THE SEMESTER, THE COURSE WILL APPEAR ON THE TRANSCRIPT WITH A DESIGNATION OF *WP* (WITHDRAWN PASSING) OR *WF* (WITHDRAWN FAILING). COURSES FROM WHICH STUDENTS HAVE WITHDRAWN PASSING ARE **NOT** CALCULATED INTO THE STUDENT'S GRADE POINT AVERAGE. **A GRADE OF WF, HOWEVER, *WILL* NEGATIVELY IMPACT A STUDENT'S GPA**. *LEVEL CHANGES* MAY BE REQUESTED AT ANY TIME DURING THE SEMESTER. GRADES EARNED PRIOR TO THE LEVEL CHANGE WILL SIMPLY TRANSFER TO THE NEW COURSE.

_____ _____ _____
Parent Signature Student Signature Date

*If you are dropping an AP course, a teacher signature is required:

_____ _____
Teacher Signature Date