

# Course / Schedule Change Request Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS:** Please insert the course name(s) being changed from “Current Course” to “Requested Course.”

Block	Current Course	Instructor Approval	Requested Course	Instructor Approval
1				
2				
3				
4				
5				
6				
7				
8				

**Reason for schedule change :** \_\_\_\_\_

\_\_\_\_\_

**WLA Schedule Change Policy:** A fee of \$50.00 will be assessed for any student/family-directed schedule change after the student’s schedule requests have been submitted. There will NOT be a fee charged to a student if a schedule change is recommended by an instructor or advisor.

**Homeroom teacher signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guidance signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_