

Date: \_\_\_\_\_

**SCHEDULE CHANGE FORM**

Student \_\_\_\_\_

Current Grade \_\_\_\_\_

Course to Add: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Add: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Add: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Add: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Drop: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Drop: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Drop: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Course to Drop: \_\_\_\_\_ (# of Credits) \_\_\_\_\_

Parent's Signature \_\_\_\_\_