

Winter Springs High School Student Services

1st Semester Schedule Change Request Form



Date: _____

Student Name (PRINT): _____

Student Number: _____

Email: _____

Grade: _____

Phone: _____

Counselor: _____

SCHEDULE CHANGE POLICY:

1. *Students may request a schedule change for first semester **during the first 5 days of school** for one of the following reasons:*
 - a. *Credit has been earned in the class.*
 - b. *You have less than 7 courses on your schedule.*
 - c. *The pre-requisite for the course has not been met.*
 - d. *Change of academic level (i.e. AP to honors or honors to standard)*
2. A request for a schedule change **does not** guarantee a change. If the request is granted, other classes/periods (including your lunch) may be changed to accommodate your request.
3. **SENIORS:** If you have applied to a university/college, it is **your responsibility** to inform and/or acquire approval from the school before requesting a change as this could affect your admission status.
4. Do not attend new classes until your counselor provides you with your new schedule.

Class to DROP	Class to ADD

*****Reason*****(Check the one that applies)

Does not meet the prerequisite for the course

Course is needed for graduation

Already took and earned credit for the course

Wrong academic level

Currently taking course on virtual school

Dual Enrollment (Need copy of SSC Schedule)

Documented medical reason

Student Signature: _____ Parent Signature: _____

Counselor Action: (SCHOOL USE ONLY)

Denied(Reason): _____

Approved

Counselor Signature: _____ Date: _____