HUNTINGTON HIGH SCHOOL GUIDANCE DEPARTMENT

SCHEDULE CHANGE REQUEST FORM

Last Name _		First Name	Date
Grade	ID #	Guidance Counse	elor
A stuCourAdm uniquAn aA sci	e Change Policy: A student's schedule may ident is mis-scheduled because of inadequase failure is made up in Summer School. inistrative action becomes necessary because or unforeseen constraints. Idditional course is needed to meet grace the hedule adjustment is required because to wish to add a course in place of a student is required because the course in place of a student in the course in the course in place of a student in the course in the course in place of a student in the course in t	ate or erroneous informations of class leads of imbalance of class leads of the duation requirements. a student already has reconstructions.	on. loads, loss of a teaching unit, ceived credit in a scheduled class
	sted course. Requests will be consider		
REQUEST	FOR COURSE CHANGE (Signatures	Required):	
I am requesting the following course change(s):			
	DROP	ADD	REASON
Parent/Guardian		Daytime Telephone #	
	Director/Chairperson	<u> </u>	
Response from	n your Guidance Counselor:		
To: (1 st Period Teacher)		For: (Student)	
From: (Counse	elor)		
The following	is the status of the change you have requested	:	