



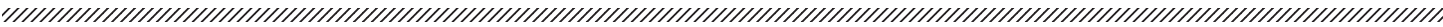
Date: ___/___/___

SCHEDULE CHANGE REQUEST

USE THIS FORM TO ADD OR DROP A COURSE

Name of Student: _____

Grade: 9 10
 11 12



ADD A CLASS:

Course Title: _____

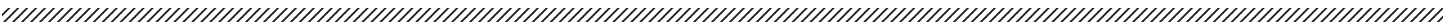
Credit: _____

Semester (check appropriate box): Fall Semester 1 Fall Semester 2
 Spring Semester 1 Spring Semester 2

Block: A D
 B E
 C F
 ALT 1
 ALT 2

Name of Instructor: _____

Instructor's Signature: _____



DROP A CLASS:

Course Title: _____

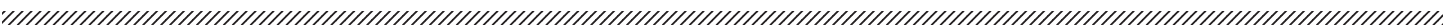
Credit: _____

Semester (check appropriate box): Fall Semester 1 Fall Semester 2
 Spring Semester 1 Spring Semester 2

Block: A D
 B E
 C F
 ALT 1
 ALT 2

Name of Instructor: _____

Instructor's Signature: _____



REGISTRAR'S USE ONLY:

CODE: WP WF AUDIT (X)

Recorded By: _____

Date: ___/___/___