

St. Paul's School

Schedule Change Request Form

Student's Name: _____ **Grade:** _____ **Date:** _____

Schedules will be changed **ONLY** for the following reasons:

- Incorrect Placement (Ex. Already taken and passed course or duplicate credit)
- Fulfillment of Graduation and/or TOPS requirements

COURSE you would like to DROP:

Course	Reason	Teacher Signature/Comments
1. _____	_____	_____

APPROVED: _____ **DENIED:** _____ **Department Chair Signature:** _____

COURSE you would like to ADD:

Course	Reason	Teacher Signature/Comments
1. _____	_____	_____

APPROVED: _____ **DENIED:** _____ **Department Chair Signature:** _____

Parent/Guardian Approval:

My son has my permission to make the above change listed above.

I request that Saint Paul's make the change indicated and agree to pay the \$25 fee which is attached.

Parent/Guardian Signature: _____ **Date:** _____

Administrative Response:

APPROVED: _____ **DENIED:** _____ **Counselor Signature:** _____

APPROVED: _____ **DENIED:** _____ **Asst. Principal/Principal Signature:** _____

(COMMENTS MAY BE MADE ON THE BACK OF THE PAGE)