

# 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/period	Reason	Teacher Signature/Comments
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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Department Chair Signature: \_\_\_\_\_

**COURSE you would like to ADD:**

Course/period	Reason	Teacher Signature/Comments
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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Department Chair Signature: \_\_\_\_\_

**Additional teacher signatures**

Course/period	Course/period	Course/period
Teacher	Teacher	Teacher

**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)