

WESTERN BRANCH HIGH SCHOOL

STUDENT REQUEST FOR A SCHEDULE CHANGE

REQUESTS FOR SCHEDULE CHANGES WILL BE ACCEPTED THE FIRST 5 DAYS OF EACH SEMESTER.
ELECTIVES CHANGES MAY ONLY BE MADE PRIOR TO THE FIRST DAY OF CLASS EACH SEMESTER.

1) STUDENT NAME: _____ CURRENT GRADE: _____

2) STUDENT #: _____ TELEPHONE #: _____

3) Schedule changes will be made **ONLY** if one or more of the following problems exist and if room is available. The change you are requesting MAY CHANGE YOUR ENTIRE SCHEDULE.

Please check the appropriate box:

1. You have an incomplete schedule.
2. You failed a course that must be repeated.
3. You failed a course and you are retaking the course with the same teacher.
4. You previously passed a course and are scheduled in the course again.
5. You are a Senior who needs a course (not scheduled) to graduate.***

4) CLASS(ES) TO DELETE:

CLASS(ES) TO ADD:

Are you a VHSL Participant? Yes No

5) STUDENT SIGNATURE: _____ DATE: _____

6) PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

EMAIL: _____

PHONE#: _____

***If you are a senior who has been accepted to college, check with your college before you request any changes because this change could impact your admission status.