

**CUTHBERTSON HIGH SCHOOL  
SECOND SEMESTER SCHEDULE CHANGE REQUEST**

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_

1<sup>ST</sup> Block Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Schedule changes will be granted for the following reasons (check one) and based upon space availability:

- Incomplete schedules (please see counselor)
- Courses previously completed
- Course requires a prerequisite that has not been completed
- Course is a necessary graduation requirement (seniors only)
- Level change (for example, Honors English to CP English)
- I want to FLEX (seniors only)- You MUST attach a signed Flex Application for this change request to be considered

***Please follow the schedule issued to you until you receive a new schedule or a denial form.***

Schedules were created based upon student course requests (including alternates) at the time of registration. Requests for schedule changes beyond the reasons listed above cannot be granted.

To request a change, please list below the class(es) you would like dropped as well as the class(es) you would like added. *Be sure to fill in the information accurately and completely as only one form can be submitted.* Completed change request forms should be taken to Guidance starting Thursday, January 24th, during the period for which you are requesting a change.

<b><i>Semester / Period</i></b>	<b><i>DROP</i></b>	<b><i>ADD</i></b>
<b><i>2-1</i></b>		
<b><i>2-2</i></b>		
<b><i>2-3</i></b>		
<b><i>2-4</i></b>		

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*In compliance with federal law, Union County Public Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.*