

HARMONY SCHOOL OF INNOVATION – EL PASO REQUEST FOR SCHEDULE CHANGE

PRINT CLEARLY: STUDENT NAME _____ DATE _____
 STUDENT ID _____ GRADE _____
 PARENT/GUARDIAN CONTACT: PHONE _____ EMAIL _____
 PARENT SIGNATURE _____ DATE _____

PLEASE READ: THERE WILL BE NO TEACHER CHANGES OR SECTIONS CHANGES AND CORE ACADEMIC COURSES WILL NOT BE MOVED TO ACCOMMODATE ELECTIVES. SCHEDULE CHANGES IMBALANCE CLASS SIZES AND CAN DISRUPT THE CLASS ENVIRONMENT. THEREFORE, SCHEDULE CHANGES WILL BE MADE ONLY IF THEY MEET THE FOLLOWING CRITERIA:

1. THE STUDENT HAS ALREADY SUCCESSFULLY COMPLETED THE COURSE, FOR EXAMPLE, IN SUMMER SCHOOL.
2. THERE IS A DUPLICATE COURSE ON THE SCHEDULE.
3. THE COURSE IS NEEDED TO FULFILL A GRADUATION REQUIREMENT.
4. THE STUDENT HAS BEEN PLACED IN AN INCORRECT LEVEL OF THE COURSE.
5. THE STUDENT IS SCHEDULED INCORRECTLY AS A RESULT OF INADEQUATE OR ERRONEOUS INFORMATION.

COMPLETE THE FOLLOWING FOR THE COURSE(S) YOU WISH TO DROP:

COURSE NAME	SECTION #	PERIOD	REASON (1-5 FROM ABOVE)

COMPLETE THE FOFIOWING FOR THE COURSE(S) YOU WISH TO ADD:

COURSE NAME	SECTION #	PERIOD	REASON (1-5 FROM ABOVE)

APPROVED

DENIED

DOES NOT MEET THE CRITERIA

COMMENT _____

IN ORDER FOR THE REQUEST TO BE CONSIDERED THIS FORM MUST BE FILLED OUT NEATLY AND IN ITS ENTIRETY. REQUESTS THAT DO NOT CONTAIN A PARENT SIGNATURE WILL NOT BE CONSIDERED.

COUNSELORS SIGNATURE _____ DATE _____