## **Macon County Schools Schedule Change Form**



School:			Cou	Counselor:					
Name:			ID: _		Grade:				
term will valid reas	e changes must occur verceive an F for that classons for requesting a solution. All schedule of	ass during chedule ch	the balance of the terrange. Students and p	m. Dislike parents ma	for a teacher, failing a ny not request a specifi	class, or o	disciplinary problems a		
Schedule	changes will be consider	dered for t	ne following reasons o	only:					
• Inco	rse needed for gradual implete schedule (miss not take pre-requisite c	ing class)	ege entrance						
	orrect level (i.e. English		ior schedule)						
• War	nt AP class or other cla	ss that sup	ports student's 4-year	· Plan					
Write the	reason for your reques	sted chang	e:						
Dested	Current Schedule			1	Requested Schedule				
Period 1	Course Name and Code	Teacher Initials	Course Name and Code	Teacher Initials	Course Name and Code	Teacher Initials	Course Name and Code	Teacher Initials	
2									
3									
4									
5									
6									
7									
8									
Student Signature Date				Counselor Signature			 Date	 Date	
•	npleted form to your co our request.	ounselor or	principal once you ha	ve an app	ointment time emailed	from the c	ounselor or principal w	ho will	
Office use: Received	I on: / /								
☐ Approved ☐ Denied				Counselor's/Principal's Signature			Date 		
				۸dm	Administrator Signature				