

## University High School Schedule Change Request - 2021-2022 (Third Trimester)

Changes to a student's schedule should be carefully considered and will only be granted for a valid reason and on a space-available basis. Classes can only be added or dropped through this process.

\*All schedule change decisions will be sent to student and advisor email. Please check your email regularly and attend your original class until you have been notified. Students will not be considered dropped or added to a class until they receive the official email.

Counselors will work schedule changes primarily during the drop/add period, which for this trimester is **February 22 – 24** (please do not expect changes to occur prior to this timeframe). Return this completed form to Student Services no later than **3:30 pm on Thursday, February 24<sup>th</sup>**. Counselors will email students regarding their requests no later than **4:00 pm on Friday, February 25<sup>th</sup>**.

Student's Name (Print Clearly) \_\_\_\_\_

Student must initial acknowledging the following:

\_\_\_\_\_ I have reviewed the University High master schedule (available on the school website) for open classes.

\_\_\_\_\_ I have verified that the class I would like to drop is not required for graduation.

Please select a valid reason for requesting a schedule change:

\_\_\_\_\_ I do not have the prerequisite for the class.

\_\_\_\_\_ The class interferes with my Aims or UNC schedule.

\_\_\_\_\_ I have already had the course.

\_\_\_\_\_ I am overextended. Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Classes you want to<br><b>Drop</b> | Block | Classes you want to<br><b>Add</b> | Block | Teacher's Signature<br>of Acknowledgment<br>(for yearly class –<br>not for trimester<br>class) |
|------------------------------------|-------|-----------------------------------|-------|--|
|                                    |       |                                   |       |  |
|                                    |       |                                   |       |  |

Parent Signature \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date request submitted \_\_\_\_\_