

UNIOTO HIGH SCHOOL 2010-2011 SCHEDULE CORRECTION REQUEST FORM

Name:	Grade: 9 10 11 12	Date:
Email:	Phone:	

****Reminders****

- *This is a **request** only! If the request is approved you will receive a newly printed schedule.
- *Continue to follow your current schedule until you receive feedback from the guidance office.
- *Correcting one class may rearrange your entire schedule.
- *This form must be COMPLETELY filled out before it will be considered. PRINT CLEARLY.

***Athletic Warning:** Remember you must be enrolled in and pass at least five one-credit courses or the equivalent and have a minimum 1.5 GPA in order to be eligible to participate in any sport.

REQUESTS FOR SCHEDULE CORRECTIONS WILL ONLY BE PERMITTED IF ONE OF THE CRITERIA LISTED BELOW ARE MET:
technical/mechanical error, class is necessary for graduation this year, or admin., counselor, or teacher recommendation

Course(s) to be dropped:	
Course(s) to be added:	

Student signature: _____ Parent/guardian signature: _____

ALL SCHEDULE CORRECTIONS MUST BE APPROVED AND ARE NOT GUARANTEED.

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The request was:

____ APPROVED

____ DENIED (see reason below)

- ____ Course is full.
- ____ Course offered at time that will conflict with other courses.
- ____ Schedule reflects the courses requested and signed up for at the end of the last academic year.
- ____ Graduation requirements/plan does not permit a schedule change.
- ____ See/speak with counselor.
- ____ Referred to administration.

Received on: _____ Handled by: _____

Administration: _____

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