

**PEARL RIVER HIGH SCHOOL
REQUEST FOR SCHEDULE CHANGE**

(Please Print) Last Name	First Name	Grade	Counselor
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- Programs were made on the basis of **YOUR** course selections and alternative requests.
- Changes may only be made during the first two weeks of the school year.

*Changes will **NOT** be approved on the basis of having changed your mind or for the request of changing teachers or class periods.*

Class change requests that do not fall within the following categories may only be granted based on availability and the school's need to maintain balanced class sizes. Priority will be given to schedule change requests for the following reasons:

1. Error in schedule
2. Senior requires a class to meet graduation requirements
3. Prior approval, as required, has not been obtained for a class on your schedule
4. Course prerequisites not met
5. To balance class sizes

YOU MUST ATTEND ALL CLASSES LISTED ON YOUR ORIGINAL SCHEDULE UNTIL NEW SCHEDULE IS ISSUED!

COURSE REQUESTED TO BE DROPPED: _____

COURSE REQUESTED IN ITS PLACE: _____

NOTE: Check your PRHS Catalog to be certain that the course to be dropped does not affect eligibility requirements for graduation or college admission.

Reason for requested change: _____

PARENT SIGNATURE: _____ **DATE:** _____

TELEPHONE NUMBER: _____ **EMAIL:** _____

Teacher approval (if required): _____ **DATE:** _____

REQUEST FOR CHANGE IS **DENIED** **APPROVED** _____

(Counselor Signature) (Date)