

River Ridge High School Class Change Request

Student Name: _____ Date: _____ Grade: _____
 (LAST, FIRST)

Check your Counselor: (based on student last name)

A – Cr Wallace Cs – Hn Schenk Ho – Mc Nairn Md – Sd Williams Se – Z Norquist

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted.
2. You must **REMAIN in assigned classes** until notified by your counselor.
3. Course change requests will be processed as quickly as possible; teacher signature may be needed.
4. You will receive notification when your request has been approved or denied.
5. We do not maintain a waitlist.
6. Course change requests **must be submitted no later than 9/13/2022 by 2 : 3 0 in the counseling office.**

REASON FOR REQUEST: (please check one)

Unassigned Period
 Missing Graduation Requirement
 Missing College Entrance Requirement
 Conflict with Running Start
 Academically Misplaced

*No other reasons for schedule changes will be considered (teacher requests, lunch assignments)

	Drop Requested	Add Requested	Teacher Signature (required for TAs, honor courses, and classes requiring Pre-Approval)
Period	Class	Class	
1			
2			
3			
4			
5			
6			

_____ Parent Signature (required for any request) _____ Student Signature (required for any request)

*****Counselor Use Only*****

Counselor Response:

- Your change has been approved. Attached is your new schedule. Show this to affected teachers and return any books/instructional materials no longer needed. **NOTE: Your name will appear on the fine list if you do not return these items.**
- Your request does not fit into the above guidelines.
- Your request cannot be granted because class(es) are full.

Other: _____