



## Smiths Station Freshman Center

---

### Schedule Change Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Course(s) Requested to be Dropped

---

---

---

Course(s) to be Added

---

---

---

**NOTE:** Schedule will not be changed if there is not a valid academic reason. Therefore, please provide a detailed summary of the reason for the schedule change request below. Provide any information you feel necessary so that your request may be given proper attention and consideration. **Again, a schedule change will not be made without the consent of the principal or designee.**

**Reason for schedule change request**

---

---

---

---

---

**Contact Information:** \_\_\_\_\_

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ **Approved**

\_\_\_\_ **Not Approved**

05/25/2021