

Date Received: _____

BOB JONES HIGH SCHOOL - Course Change Request Form

- Submit a **HARD COPY** of this form to your counselor by the advertised deadline.
- **Emailed schedule change requests will NOT be accepted.** WRITE LEGIBLY so your request can be considered.
- Schedule changes **MAY** incur a non-refundable \$20 fee if a change is made based upon an unapproved reason.

Student Name: _____ Grade: 9 10 11 12

Email Address: _____@madisoncity.k12.al.us Date From Completed: _____

Counselor: Van Dorn (A-Go) Anderson (Gr-O) Delbridge (P-Z)

1. Select the reason for your change request below:

“NO” - These are NOT acceptable reasons to request a change (Do not submit this form)

- I would like to be in a class with my friend
- I would like to request a teacher change

“MAYBE” - These MAY be acceptable reasons to request a change, but may not be possible:

* **Not an approved reason – If the change is possible in the schedule, a \$20 fee will be required to accommodate the request**

- I have too many core classes one semester and would like to see if it can be changed to balance my work load
- I do not see the course(s) I requested in my schedule (*The course is likely full or in conflict with other courses*)
- I would like to change levels of a core course I requested - **\$20 fee required***
- I would like to change an elective course I requested - **\$20 fee required***
- I would like to add a virtual course, or remove a virtual course I requested - **\$20 fee required***
- Other: _____

“YES” - These are considered schedule “corrections,” and ARE acceptable reasons to change your schedule:

- A course in my schedule is out of sequence (*ex. Spanish 2 before Spanish 1*)
- I have not met the prerequisite(s) for a course in my schedule
- There is a duplicate course in my schedule (*ex. English 11 appears twice*)
- I have already passed a course in my schedule (in a prior year or summer school)
- I am a senior and my schedule is missing a course required for graduation
- I need to drop/change my **Dual Enrollment** block(s)
- I would like to add/drop/change **Co-Op** in my schedule due to my employment status
- I need to drop **Driver’s Ed** due to not having my permit
- I need to add/drop/change my **Athletic PE, Band, or Theatre** class due to tryouts/auditions

2. Indicate the change(s) you are requesting to your schedule below (Include alternate courses):

DROP -	ADD +	Alternate 1:
1.	1.	Alternate 2:
2.	2.	Alternate 3:
3.	3.	Alternate 4:

3. Read and sign below.

- I am aware that my entire schedule may be rearranged (class order, teachers) to accommodate my request, and once a schedule change is made, I cannot return to my previous schedule. Requests will be reviewed by counselors and administrators. Requests may not be honored due to full classes or other reasons that do not fit appropriate criteria.
- **A \$20 non-refundable fee will be required if approval is made based on reasons not fitting appropriate criteria.**

Student: _____ Parent/Guardian: _____

You will be emailed regarding the status of your request

OFFICE USE ONLY

Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Conditionally Approved - Pending \$20 Fee & Receipt
Counselor: _____	<input type="checkbox"/> Fee Received?	Date: _____	Initial: _____