

Date Received: _____

BOB JONES HIGH SCHOOL - Course Change Request Form

- Submit a **HARD COPY** of this form to your counselor within the first 3 days of the semester (deadline: 8/5/22)
- **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 Form Completed: _____

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

1. Select the reason for your change request below:

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

- I would like to change levels of a course I requested
- I would like to add a virtual course
- I no longer want a class that I requested in the spring
- I would like to be in a class with my friend
- I would like to request a teacher change
- I want to change the order of my classes

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

- 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)
- Other - check above (“NO” category) to ensure this is not an “unacceptable” request and explain below:

“YES” - These are acceptable reasons to request a change to 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 \$20.00 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	\$20 Fee Charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Counselor: _____		Administrator: _____		