



**ARCHER HIGH SCHOOL  
REQUEST FOR SCHEDULE  
CHANGE 2017-2018**

Name (Last, First) \_\_\_\_\_

Date \_\_\_\_\_

Student # \_\_\_\_\_

Grade \_\_\_\_\_

Please check the reason for this request:

**No elective changes.**

- ☐ The student has already passed the course.  
(Requires counselor's signature. \_\_\_\_\_)
- ☐ The student has not taken the appropriate pre-requisite for the course.  
(Requires counselor's signature. \_\_\_\_\_)
- ☐ The student's IEP requires a change.  
(Requires special education teacher's signature. \_\_\_\_\_)

Request to Drop (Course Name)	Request to Add (Course Name)

**Parent Signature** \_\_\_\_\_

**(Parents MUST sign in order for schedule change to be considered.)**

**PLEASE RETURN TO THE COUNSELING OFFICE**