

**Cross Middle School**  
**Schedule Change Request Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Change Initiated by (name) \_\_\_\_\_ Request Date \_\_\_\_\_

Reason for Change Request\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course changes require teacher and parent notification to drop and/or add a class.

**COURSE CHANGES**

<b>DROP</b>		<b>ADD</b>	
Period	Course	Period	Course

Teacher / Counselor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Required:

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

Principal / Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Schedule Change: \_\_\_\_\_

\*Course change requests will be reviewed but are not guaranteed.