



Monument Academy

Schedule Change Request

Name: _____ Grade: _____ Date: _____

In making this request to change my schedule, I understand the following:

- A request may only be made during the add/drop window.
- It may be necessary to change class periods in order to grant the request and other courses may be affected and moved as necessary.
- Schedule changes are final. Once the schedule has been changed, I may not reverse the change to my original schedule.
- A request will not be approved if it causes other classes to be overfilled or if the request conflicts with a required course.
- All requests will be reviewed by Administration for approval.
- Requests must be approved and signed by the following: exiting teacher, receiving teacher, and parent/guardian.

Student Signature

I request the following change/s to my schedule:

DROP COURSE

ADD COURSE

1. _____ Teacher initial _____

1. _____ Teacher initial _____

2. _____ Teacher initial _____

2. _____ Teacher initial _____

Reason for request:

Parent Signature

Administrator Signature

For Admin use only:

____ Your schedule change request has been approved. Please follow the attached schedule beginning _____

____ Your schedule change request was not approved for the following reason:

Administrator Signature