



## WEST CENTRAL AREA SCHEDULE CHANGE REQUEST FORM

You may only use this form if you notice an error or problem  
with your schedule. For example:

- |                   |                     |                          |
|-------------------|---------------------|--------------------------|
| * Duplicate Class | * Gap in Schedule   | * Missing Required Class |
| * Physical Injury | * Wrong Level Class | * Already passed class   |

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

Grade \_\_\_\_\_

\*Schedule Change Responses will be emailed to student, so be sure to check your email!\*

Name(s) of the class(es) you wish to **DROP**:

Period

Reason

_____
_____
_____

_____
_____
_____

_____
_____
_____

Name(s) of the class(es) you wish to **ADD**:

Period

_____
_____
_____

_____
_____
_____