

# Schedule Correction Request 2022/23

**\*Must be filled out completely AND parent/guardian permission to be considered**

**Full Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

**How to use this form:**

1. List the specific class you want to DROP and the new class you want to ADD  
*(Please note that this may impact the teachers or periods of your other classes)*
2. Have your **parent/guardian sign** (send an email from their personal email account) giving permission for this request - changes will not be considered until either is received.
3. Email this form to your counselor.

Mrs. Smith (Last names A-G) <a href="mailto:Smiths@orting.wednet.edu">Smiths@orting.wednet.edu</a>	Ms. Reyes (Last names N-Z) <a href="mailto:reyesm@orting.wednet.edu">reyesm@orting.wednet.edu</a>
Ms. Hager (Last names H-M) <a href="mailto:hagera@orting.wednet.edu">hagera@orting.wednet.edu</a>	Ms. Nelson (PCSC or Running Start) <a href="mailto:nelsonschlegelp@orting.wednet.edu">nelsonschlegelp@orting.wednet.edu</a>

4. They will review your graduation requirements- requested course availability, and respond to your request within the first week of the new semester.
  - a. Make the requested correction and return a copy of your new schedule to you within 5-school days
  - b. Deny your request if the request is not allowable and return this form to you with an explanation.

**Considered requests will be ones that are:** Academic reasons, need a class for graduation, summer school plans impacted your schedule, you did not meet a prerequisite, significant program change; i.e. Running Start/PCSC/HSBP change)

\*\*Continue to attend your current class/schedule until you receive a response/approval. \*\*

**Requests that will not be considered:** Teacher preference, schedule arrangement, peer schedule alignment

Class/Teacher	Class/Teacher
Drop Per 1 _____	Add Per 1 _____
Drop Per 2 _____	Add Per 2 _____
Drop Per 3 _____	Add Per 3 _____
Drop Per 4 _____	Add Per 4 _____
Drop Per 5 _____	Add Per 5 _____
Drop Per 6 _____	Add Per 6 _____

**Please explain your academic reason for requesting this change:**

**Parent approval** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent Email:** \_\_\_\_\_

Approved \_\_\_\_\_ (new schedule attached) By: \_\_\_\_\_ Date: \_\_\_\_\_

Denied \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason denied request:    Class Full    Does not meet graduation requirement    Not available    Other

Request Pending: \_\_\_\_\_ This request requires that an admin/teacher/counselor have an opportunity to speak with you or your parent before approval. **\*\*Please schedule an appointment with them asap\*\***

Teacher/IEP case manager approval: By: \_\_\_\_\_ Date: \_\_\_\_\_