

Holy Cross of San Antonio
Schedule Change Request Form

Return with Parent Signature to Academic Dean *Drop office at front office*

Mr. John Gutierrez, Academic Dean: Phone: Phone: 436-4254

Email: john.gutierrez@holycross-sa.org

Date: _____

If a student requests a change of schedule, written notice must be received by academic dean's office within the first five days of school. Change of schedule requests may not be considered after the first week of school.

Compelling reasons for change of schedule:

- Sequence of course out of order: (Example: Geometry class assigned before Algebra I completed)
- Incomplete schedule: (Example: Schedule does not reflect 7 periods of course-work)
- Failed course must be repeated or completed last year/this summer passed course is reflected on current schedule

PRINT: Student Name Last, First, Middle

Grade Level: _____

I request the following change(s) in my student's schedule:

Current Course:

Change course to:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Parent or Guardian Signature

Print Name

Reason for Request: _____

All requests will be reviewed and processed as soon as possible. Parent or guardian will be notified regarding any unapproved requests. Students should follow their current assigned schedule until change has been processed. Please submit your request prior to the 1st day of school. Requests submitted prior to the first day of may be processed by the first day of school.

Approved _____ **Disapproved:** _____ **Reviewed by:** _____ **Date:** _____