Nashua High School North/South

Schedule Change Request Form
2018-19 School Year

RETURN COMPLETED FORM TO GUIDANCE COUNSELOR

Student Name (Print): ____________________________  Grade: _____  Date: ______
Student Email: __________________________________
Counselor Name: _____________________________

Students who meet the requirements listed below should return this completed form in person or via email to their guidance counselor before September 5th. Counselors will call students out of class if the request meets one of the reasons listed below.

I request to be changed from: ____________________________ to ____________________________
_________________________________________ to ____________________________

Select your reason below.
Schedule changes will only be considered for the following reasons:

_____ 1. Student is in a class previously passed.
_____ 2. Senior needs a course required for graduation.
_____ 3. Student requests level change. To move up/down a level requires a parent signature
_____ 4. Other-please explain. (Lunch/teacher changes will not be approved)

If other, please explain:
_________________________________________________________________________
_________________________________________________________________________

Additional Information:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Student Signature: ____________________________ Date: ____________

Parent Signature (required for #3) ____________________________ Date: __________

Guidance Counselor Signature: ____________________________ Change: APPROVED / DENIED