



**Arlington Career Center  
Request for Schedule Change Form**

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

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Course to Drop*	Teacher Name/Signature of Dropped Course	Current Grade in Dropped Course	Course to Add	Teacher Name/Signature of Added Course	Rationale (Why?)

\*Schedule changes are based on availability and may impact additional classes. Administrator approval may be required.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IEP Case Carrier Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

DE Coord. Signature/Room 227 (if course is DE): \_\_\_\_\_

Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Received: \_\_\_\_\_

Administrator Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_