

VIRTUAL ACADEMY COURSE CHANGE/DROP REQUEST

NAME (PLEASE PRINT)

GRADE

DATE

Please follow the instructions below to request that your schedule be changed for this semester.

1. You must pick this form up from the Front Office along with a copy of your transcript.
2. Complete this form. **This is a request only and does not guarantee placement in the classes you wish to change.**
3. Review this request with your parent/guardian. Their signature is required before this request can be considered.
4. You must have the signatures and approval of the teachers affected by this change as well.
5. Any class dropped after the second week of a semester will result in an F in the class.
6. **RETURN THIS FORM TO THE OFFICE when it has been completed. No classes can be added after the second week of a semester. The Director or Counselor will then either approve or deny the change. Please continue in your old schedule until you receive confirmation that this change has been approved.**
7. **If you want to DROP A CLASS** please write drop in the Proposed Schedule side

PLEASE NOTE

YOU MUST ATTEND YOUR CURRENT SCHEDULE UNTIL THE CHANGES ARE APPROVED

CURRENT SCHEDULE		Credits	PROPOSED SCHEDULE		Credits
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

 Teacher (Of Class Leaving) Approved

 Teacher (Of Class Adding) Approved

REASON FOR CHANGES

STUDENT SIGNATURE _____ Date

PARENT SIGNATURE _____ Date

_____ Date

Approved

Denied