

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. **RETURN THIS FORM TO THE OFFICE before the THIRD week of classes has been completed. No schedule changes can be made after the third week of a semester. The Director or Counselor will then either approve or deny the change.**
6. **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		PROPOSED SCHEDULE	
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

Director/Counselor

Date

Approved

Denied