

Schedule Change Form

Name: _____ Date: _____ Grade _____

Class(es) you are requesting to drop:	Class(es) you are requesting to add:

Please explain why you need this change:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

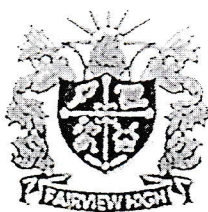
Return your completed form to your counselor. You will be notified when a decision has been made about your request.

Approved: Yes No

Counselor Signature: _____ Date: _____

If no,
reason: _____

Changed in Skyward. Date: _____



Fairview High School
 Course Override Form
 2018-2019



Student Name: _____

Grade: _____

Complete all items below that apply to your course requests:

If you are choosing to take a class at a higher level than recommended, complete the section below.

I would like to change the following course(s) from Standard to Honors:

I would like to change the following course(s) from Standard to Advanced Placement:

I would like to change the following course(s) from Honors to Advanced Placement:

****I understand I have not been recommended for this course by my teacher at the level I am choosing and that I may not transfer out of the class during the school year.*

If you are choosing to take a class at a lower level than recommended, complete the section below.

I would like to change the following course(s) from (circle one) Honors, Dual Enrollment, or Advanced Placement TO Standard:

If you are choosing to NOT take a Study Hall and instead take a 7th class, complete the section below.

I am choosing to not take Study Hall and will take the following 7th class:

If you are a Sophomore or Junior choosing NOT to take ACT prep, complete the section below.

The ACT determines college readiness, some scholarship awards and meets college admission requirements. ACT is a mandatory test for all Juniors. I am choosing not to take ACT prep because:

 Student Signature

 Date

 Parent Signature

 Date

 Counselor Signature

 Date