Please read this carefully, as failure to follow the policies listed below may result in denial of schedule change. The ***ONLY*** schedule changes that will be permitted will be those that are due to a missing course, credit recovery needed, missing lunch, or a conflict with off-campus CCP coursework. We will not be changing schedules simply because someone wants a different course, as course requests were made last spring and staffing was made according to those requests. *Another change that should be noted is that we will be asking students to list what course they are wishing to drop and the reason, and list what course they would be willing to take instead. We cannot guarantee that the course desired is the same period as the one being removed, so this could result in a different substitution.*

If you have received your schedule and feel strongly that something that needs to be adjusted, please fill out the below form and email it to:

Juniors and Seniors: Mr. Hughes – nrws_rhughes@tccsa
Freshmen and Sophomores: Mrs. Burkholder – nrws_rburkho@tccsa.net

We are not permitted to have mass gatherings in the building, therefore changes will only be made if they are absolutely necessary in order for a student to meet graduation requirements. Also, please note that any changes requested are subject to course capacity restraints, as well as availability. Students will NOT be permitted multiple schedule changes per semester, unless there is an extenuating circumstance, such as illness, credit deficiency, etc.

SCHEDULE ADJUSTMENT FORM

Form must be returned within the first 3 days of the school year or by the start of 2nd semester, if taking a 2nd semester class.

The only reasons for adjustments made during this time are:

1. To add lunch
2. To obtain needed graduation requirements
3. To obtain needed college prep courses
4. To adjust for College Credit Plus Option courses
5. To meet IEP accommodations
6. To replace a study hall with a class
7. Other reason deemed appropriate by NHS principal/Student Services

USE YOUR CURRENT SCHEDULE UNTIL YOU HAVE PICKED UP YOUR NEW ONE. NOT ALL REQUESTS CAN BE FULFILLED. ONLY ONE CHANGE PER SEMESTER WILL BE APPROVED!

STUDENT NAME_____ **GRADE** _____
First Last

CLASS TO DROP: Full Course Name	**SUGGESTED REPLACEMENT: Full Course Name**
_____	_____
_____	_____
_____	_____

_____**Parent/Guardian Signature (REQUIRED)**
_____**Student Signature (REQUIRED)**
_____**Teacher Signature (*if* Required)**

My reason for requesting this change is:

_____
_____
_____
_____
_____