

WMHS SCHEDULE CHANGE REQUEST

Today's Date: _____

Student Name: _____ Grade: _____
(Print Neatly)

Circle your counselor's name:

<i>Ms. Zabornick</i> (A – Cu)	<i>Mr. Kolpak</i> (Cz – Ho)	<i>Mrs. Pritula</i> (Hu – Mia)	<i>Mr. Lanni</i> (Mic – Sha)	<i>Ms. West</i> (She – Z)
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Reason for Request: (check)

- I do not have six hours on my schedule
- I need to add a required course to my schedule
- I have already taken a course and earned credit for it
- I have the same course on my schedule twice
- I want to drop an AP, Honors, Accelerated course
- I want to change my CPC block
- I want to change my teacher

Courses to Drop: _____

Courses to Add: _____

- ✓ Continue to follow your current schedule unless you are given a new one
- ✓ Your counselor will contact you regarding your request, please be patient
- ✓ Do not fill out multiple forms for the same request
- ✓ The last day to request a change is Friday, September 8, 2017

Student Signature

Student Email (print neatly)