

Roxboro Community School Request for Student Schedule Change

Student's Name: _____

Current Grade: _____

Today's Date: _____

Schedule Change

<u>Class/Course Originally Selected</u>	CP/H/AP (please indicate)	<u>New Class/Course</u>	CP/H/AP/ (please indicate)
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*Please list iSchool or PCC if applicable

1. _____

2. _____

3. _____

4. _____

5. _____

Reason for request:

*Request does NOT guarantee a schedule change

*Required Signatures:

*Parent: _____

*Counselor: _____

*Principal: _____

*Student: _____

Teacher for Subject or Course: _____

(If applicable)

***This form must be turned in by August 10th, 2009**

Administrative Use Only: (initial/date)

_____ New schedule updated in NCWISE