

**PINE-RICHLAND HIGH SCHOOL APPEALS COMMITTEE**  
Parent/Student Request for Schedule Change Days 11-20

Date Issued: \_\_\_\_\_ (This form must be returned within one day of issue date.)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Days 11-20: Course dropped is not indicated on transcript. Student may NOT enroll in a new course until next semester.*

Course to be dropped: \_\_\_\_\_ Period: \_\_\_\_\_

Course to be added: \_\_\_\_\_ Period: \_\_\_\_\_

Parent(s)/Guardian(s) please respond to the questions below.

***These questions must be answered completely before course request change will be considered.***

1. Please explain why the course to be dropped was originally requested:
  
2. Please explain why the course is no longer appropriate:
  
3. Please explain why the course to be added is academically valid:
  
4. Please explain any extenuating circumstances:

**COMPLETION OF THIS FORM IS NOT TO BE CONSIDERED AN APPROVAL FOR A SCHEDULE CHANGE.** *You will be informed of approved changes.*

This appeals process exists to protect the integrity of the scheduling process and to protect students from jeopardizing their academic careers. Often conflicts can be resolved with conferences and/or extra help in a course. Schedule changes should be considered a last resort as they are often traumatic to the student. Thank you for your time and attention to this matter. Please call the Guidance office at (724) 625-4444 X1650 or 1651 with any questions you may have.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Approval: \_\_\_\_\_ Schedule Changed?  Yes  No

Guidance Counselor Initials : \_\_\_\_\_

Notes: \_\_\_\_\_ Date of Change: \_\_\_\_\_