

# Ligon GT Magnet Middle School

## Request for Schedule Change

Student Name: \_\_\_\_\_

Received On: _____
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Grade:     6       7       8

### I. Reason for Change

- Did not receive yearlong electives that were your top priority
- Scheduled in the same class twice
- Already taken this elective
- Missing a Core Class (please specify) \_\_\_\_\_
- Scheduled in the wrong core class (Example: Student took Math 7 Plus last year and needs CCI)  
Core class that is incorrect: \_\_\_\_\_ Class should read: \_\_\_\_\_

### II. Class Period to be Changed (Please circle & add which quarter is being requested below)

Period course meets (circle one):    1    2    3    4    5    6    7    8

Length of course (circle one):    Year-long    Semester    1<sup>st</sup> quarter    2<sup>nd</sup> quarter    3<sup>rd</sup> quarter    4<sup>th</sup> quarter

### III. For the period above, select the top 3 areas of interest on the list provided below.

- \_\_\_ CTE (Career/Technical Education) – examples include Agriculture, Technology and Consumer sciences
- \_\_\_ PE (Physical Education)
- \_\_\_ Visual Arts
- \_\_\_ Performing Arts
- \_\_\_ Academic (Language Arts, Math, Science and Social Studies)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Requests to change a class may ONLY be submitted by completing this form. Please make requests for the entire year as this will be the only opportunity to request a change. Submission of this form DOES NOT guarantee a change to your schedule! All requests will be reviewed by the grade level counselor. You will be notified if any changes are made. Until a student is informed otherwise, he/she should follow his/her current schedule!***

**PLEASE SUBMIT THIS FORM BY FRIDAY, AUGUST 30<sup>th</sup> TO STUDENT SERVICES. LATE FORMS WILL NOT BE ACCEPTED!**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Student Services Use Only*

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_