

**Green Hope High School
Schedule Correction Request
2019 - 2020**

Student Name: _____ Grade Level: _____

WCPSS E-mail: _____ Phone: _____

A schedule correction is being requested for the following reason(s):

_____ Student has already received credit for the course.

_____ Student has not met the prerequisite for the scheduled course.

_____ Student has an incomplete schedule - class missing, classes out of sequence
(ex: Math 3 before Math 2) or more than one class in a period.

_____ Senior who needs a specific course to meet WCPSS graduation requirements.

List the course needed: _____

_____ Student is scheduled for a class that they did not request in their 11 choices.

Course(s) to drop: _____

If a course is approved to drop, it will be replaced with one of the student's other choices if available.

***Student/Family understands that if a change is approved, the decision is final.**

***Administration reserves the right to change schedules to meet school needs.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Approved _____ Denied _____ Date _____

**Students are responsible for contacting colleges/universities regarding any schedule changes. Failure to do so may jeopardize potential enrollment and admission.*

***This will be the only schedule correction process for the school year.**