

Sports Schedule Change and Approval Form

Student Name _____
Student ID _____

Sport _____
Date _____
Coach _____

To be filled out by coach. Complete 1 option per form. Must be signed by AD before being sent to counseling for final approval.

Option 1 Student is requesting to be added to the _____ class during _____ hour.

Option 2 Student is being dropped from _____ class during _____ hour and will need a schedule change.
Justification: _____

Option 3 Student needs to be switched from _____ class _____ hour and added to _____ class during the same hour.

New Coach's Signature: _____

Student Signature: _____

Coach Signature: _____

Athletic Director Signature: _____

Counseling Signature: _____



Completion Date: _____

Please return to AD