St. Ignatius College Preparatory
REQUEST FOR CHANGE OF SCHEDULE 2017-2018

INSTRUCTIONS

IMPORTANT: Please read these instructions carefully. We will make every effort to accommodate
your request, BUT YOU MUST FOLLOW THESE INSTRUCTIONS EXACTLY FOR
YOUR FORM TO BE PROCESSED OR RETURNED. Please note that we do not make
judgments regarding the reasons for your request, but we must work within the limits
of class size and other school policies.

1. All requests for schedule changes must be in writing on this form (NOT via telephone or email). Please do
not submit additional correspondence with this form.

2. See the CLOSED CLASSES LIST posted online at www.siprep.org/Academics. Do not request to add
closed classes or to move them to another period or semester.

3. Obtain required signatures:
   - Parent – All Requests
   - Counselor – All Requests from Freshmen OR
     Requests from Soph/Jr/Sr on or after August 21
   - Department Chair – If changing placement in Language or Math OR
     If adding any Honors or AP class (not needed if you were on the ORIGINAL AP/Honors List).

   Counselors & Dept. Chairs will be on campus 9 AM – NOON August 21, 2017 for consultation and
   signatures. You must wait until this date to submit a request requiring their signatures. We do not
   accept emails, notes, or phone calls as a substitute for actual signatures on this form.

4. Your request should indicate course titles only. Specific periods/teachers are determined by class
   sizes. Space must be available in the course you wish to add and in any other courses that have to be
   moved. Teachers do not have the authority to over-enroll their courses.

5. Submit this form to the Director of Scheduling. (Before August 21, you should mail your form to the
   Director of Scheduling at the school address, or leave it in the box at the main security/reception
desk inside the main school entrance.)

6. DEADLINE: Other than for the closed classes posted online at www.siprep.org/Academics, you may submit
   your form anytime after receiving your schedule. All forms must be received by 8:30 AM Tuesday,
   August 29. The forms must be received in the Scheduling Office with all required signatures on the
   form itself by this deadline. It is your own responsibility to submit the form with all required
   signatures to the Scheduling Office by the deadline--do not leave the form with anyone to do this.

IMPORTANT NOTES:

It may be necessary to rearrange your schedule to accommodate your request. You should submit a
request only if you are prepared to accept the necessary rearrangements—otherwise you must
check the No Rearrangement box on the form. You may indicate your single highest priority regarding
rearrangements, and we will do our best to accommodate your preference. Please note that once a
change is made, it may not be possible to revert to your previous schedule if space is no longer
available. Further requests will be treated as new transactions.

Forms are processed in the order in which they are received. We cannot hold seats and there are no waiting
lists. Please submit all requests on this form, carefully following the directions above. Thank you for
understanding that during this extremely high volume time, we will be unable to respond to calls and emails
regarding schedule changes.
St. Ignatius College Preparatory
REQUEST FOR CHANGE OF SCHEDULE 2017-2018

Please fill out the form below carefully. See other side for instructions. We will make every effort to accommodate your request—but you must follow the instructions exactly for your form to be processed.

Student's Name_________________________________ Class of 20______
Address ________________________________
City/State/Zip ________________________________

PRINT NEATLY--This is a mailing label.

* * * * * FIRST READ INSTRUCTIONS ON REVERSE. * * * * *

<table>
<thead>
<tr>
<th>DROP</th>
<th>ADD (Course Title Only—Specific periods/teachers are determined by class sizes.)</th>
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<tbody>
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<td>You may list alternates in order of preference.</td>
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OPTIONAL PREFERENCES (Select ONE only):

☐ No rearrangement. Do not add class indicated unless it is in the same period as class being dropped.

If rearrangements are necessary, my SINGLE highest priority is (check ONE LINE ONLY):

☐ Adding (fill-in ONE class): __________________________________________________________

☐ Dropping (fill-in ONE class): _______________________________________________________

☐ Keeping (fill-in ONE class): _______________________________________________________

Counselor/Dept. Chair Comments: ______________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

__________________________________________  _______________________________________
Student Signature                                      Parent Signature (Required on ALL Forms)

__________________________________________  _______________________________________
Dept. Chair Signature (if required—see instructions)  Counselor Signature (if required—see instructions)