

ROSLYN HIGH SCHOOL
2024-2025
2nd Semester Schedule/Course Level Change Form

Student Name: _____ Grade: _____ Counselor: _____

If you are requesting a schedule/course level change, this form must be completed and returned to the Counseling Center. Forms will be stamped by date of receipt and addressed accordingly. **NO schedule changes will be made after 3/10/25.**

◇ 2nd Semester Level Change Request

Students are responsible for obtaining the current teacher and Department Chairperson signatures. No changes will be made without a completed form returned to the Counseling Center. ****Students must attend current courses until notified by their counselor that the change has been approved.***

Current Course

Requested Course Level Change

Student Signature

Parent Signature

Phone Number: _____

Email: _____

Current Teacher Signature

Textbook Returned Date

Date of Parent/Teacher Contact: ____/____/____

Department Chairperson Signature

◇ 2nd Semester Elective Request/Change

2nd Semester Drop: _____

Teacher Signature/Textbook Returned:

2nd Semester Add: _____

2nd Semester Drop: _____

Teacher Signature/Textbook Returned:

2nd Semester Add: _____

FOR OFFICE USE ONLY

Counselor (Last Signature)
Form effective 1/27-3/10/24

Date

Director of Guidance (Last Signature)

Date