



**East Aurora High School**  
**SCHEDULE CHANGE REQUEST FORM\*\***

\*\*Students are encouraged to complete the courses which they have selected; however, in the event the student would like to withdraw from/change a course, guidelines are outlined below. Level changes will not be available after the 10<sup>th</sup> day of a new semester.

Name \_\_\_\_\_ Date \_\_\_\_\_ Student ID # \_\_\_\_\_

Level Change from \_\_\_\_\_ to \_\_\_\_\_  
Course Name Course Name

Reason for Change: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Department Chair Signature Counselor Signature Date of Change

Please give this form to your counselor once all of the signatures are complete. The counselor signature should be the last signature you obtain.