IRVINE HIGH SCHOOL
SCHEDULE ADJUSTMENT REQUEST

Date: _____
Counselor: _____

Dropping a course may have a significant impact on meeting graduation requirements and/or future academic options.
Request for schedule adjustment may be made with your counselor before period 1, during break, and in between 3rd and 4th periods.

NAME _____ _____ **STUDENT #**_____ **GRADE**_____
LAST FIRST

FALL semester schedule

1A_____1B_____
2A_____2B_____
3A_____3B_____
4A_____4B_____

SPRING semester schedule

1A_____1B_____
2A_____2B_____
3A_____3B_____
4A_____4B_____

	Teacher Initials
Add: _____	_____
Add: _____	_____
Add: _____	_____

	Teacher Initials	Materials/ Book Returned
Drop: _____	_____	_____
Drop: _____	_____	_____
Drop: _____	_____	_____

*Return book BEFORE dropping class. The library or teacher must sign here. *If book was from library, get the library signature. All else need teacher signature.

AFTER-DEADLINE DROPS

Withdrawal Grade: WP_____WF_____
Athletics Only: Grade _____
Variable Credits earned: _____

Teacher Signature: _____

REQUIRED SIGNATURES

Student _____
Parent _____
ATHLETIC DROPS
Football: Mr. Ruiz _____
During Season Only Athletic Drop: Mrs. Martin (Upstairs PE Office)
_____

ADD/DROP POLICY

1. Students may **ADD** a class through the 4th day of each semester.
2. Students may **DROP** a class through the 10th class meeting without the class appearing on their official transcript.
3. Students may **DROP** a class from the 11th class meeting through the last day of the first or third quarter with a withdrawal grade of **"WP"** or **"WF"** posted on the official transcript.
4. Beginning with the first day of the second and fourth quarters, students may not drop a course.

Approved ☐ Denied ☐ Date _____

Mrs. Fuller _____ Mrs.Klamberg _____ Mr.O'Connell _____ Mrs. Linquiti _____ Admin _____