## **Cleburne County High School**

## **Schedule Change Request**

One or more of the following criteria must be met in order to request a schedule change. You must follow your original schedule until you are notified of a schedule change.

Please check all that apply:	
I did not receive a required course for graduation	ı.
I am scheduled for a class that I have already rec	eived credit.
I am scheduled to take a course for which I have	not met the prerequisite.
I do not have a full schedule.	
I am enrolled in a Dual Enrollment class that is n	ot on my schedule.
I would like to add a class at the Cleburne Count	y Career Technical School.
I do not have a required course for graduation (E	x. math, science, english, history).
Other Reason	
Explanation of other reason :	
List the class or classes you are requesting to remove	e from your schedule:
1	
2	
3	
Name (Printed) :	Date:
Noma (Signad) :	Dhona Number ·