



# Heights High School

## Student Schedule Change Request Form

### 2022-2023

\*For Admin Use Only\*

\_\_ Approved

\_\_ Denied

In order to request a schedule change, the student must:

- Complete this form in its entirety
- Drop the form off in the appropriate grade level Principal’s/Counselor’s office or email to:
  - Last Name A – E : Ms. Hudson A120 [AHudson2@houstonisd.org](mailto:AHudson2@houstonisd.org)
  - Last Name F – L: Ms. Moctezuma A120 [Valerie.Moctezuma@houstonisd.org](mailto:Valerie.Moctezuma@houstonisd.org)
  - Last Name M – Re: Ms. Agness A120 [Emily.Agness@houstonisd.org](mailto:Emily.Agness@houstonisd.org)
  - Last Name Ri – Z: Mr. Mazharian M331 [HMazhari@houstonisd.org](mailto:HMazhari@houstonisd.org)
- You must see Ms. Martinez or Ms. Nelson in M322 for dropping **AP Courses** or if you are an 11<sup>th</sup>/12<sup>th</sup> grade **IB student**.
- You will be contacted by your Counselor in order of priority. Please be patient! 😊
- Mark (X) the reason below for the schedule change request:
  - \_\_\_\_\_ Student has previously received credit for a class
  - \_\_\_\_\_ Student needs a required class
- Please complete the information below:

**Student Last Name:** \_\_\_\_\_ **Student First Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Previous Course	New Course

Reason for change:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade Level Principal/Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_