IEPA SCHEDULE CHANGE REQUEST FORM
(TIME CHANGE/ADDITIONAL or REDUCE CLASS(ES) TIME)

Student Name: _____ Classes_____

Phone Number: _____ E-mail_____

I am requesting a schedule change due to the following :

☐ I need a change in course level.

   (Example : Level 3rd Grade to Level 2nd Grade / Level 5th Grade to Level Middle)

☐ School Time or Another Schedule Add or Reduce

- Current Class Day and Time

Day	Time

- Requested Class(es) Time

☐ Time Change	☐ Add Class(es)	☐ Reduce Class(es)

Day	Time

☐ I am requesting a change and understand that this change will be made only with availability.

Schedule change will be in affect beginning the 1st of the following month as long as schedule change request form is submitted by 15th of each month.

Signature : _____ Date : _____

- **Office Use:**

- Approved Day/Time

Day	Time

- Management signature: _____