

United Faith Christian Academy Schedule Change Request Form

Student Name: _____

Grade: _____

Schedule changes will not be considered unless this completed form is turned in to the Registrar in the Main School Office by Friday, August 28 , 2020 (no later than 10 days after the start of the Semester).

Students must follow their original schedule until they receive official approval AND their new schedule from the Main Office.

Changes may take up to one week to complete. Each requested change is carefully considered but cannot be guaranteed.

Reason for Request: _____

Drop This Class

Class Name/Period: _____

Teacher Signature

Date

Add This Class

Class Name/Period: _____

Teacher Signature

Date

Parent's Signature

Date

Director of Guidance

Date

Office Use Only: _____ Approved

_____ Declined