**Parkview High School Dual Enrollment for 2018-19**

***1st Semester* Schedule Adjustment Request**

***Please print clearly!***

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Grade Level for 18-19** |  | **Student ID #** |  |
| **Student Cell Phone #** |  | **Student E-Mail Address** |  |
| **Eligible College You Are Attending for Dual Enrollment** | |  | |

**College Schedule:**

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Course Number** | **Days / Time Attending** |
|  |  |  |
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|  |  |  |
|  |  |  |

**I need my Parkview classes to be in the AM or PM (please circle one).**

**Request for Adjustments to Current Parkview High School Schedule:**

|  |  |  |
| --- | --- | --- |
| **Name of Course(s) that need to be added or dropped from your Parkview schedule.** | **Circle Which one applies** | **Describe Your Reason for Adding or Dropping the Course**  ***(Be specific! Examples: I am taking this class in college, I was not able to get this class in college, etc.)*** |
|  | Add / Drop |  |
|  | Add / Drop |  |
|  | Add / Drop |  |
|  | Add / Drop |  |
|  | Add / Drop |  |
|  | Add / Drop |  |

***\*\*\*Please note that we cannot always accommodate your requests due to***

***class availability and/or class sizes.\*\*\****

|  |  |  |
| --- | --- | --- |
| **If you turn this form in by…** | **Your adjusted schedule will be available for pickup on…** | **You can pick up your schedule from…** |
| Thursday, July 26th, 2018 | Thursday, August 2nd, 2018 | Your Assigned Advisement Teacher or with Dual Enrollment Counselor. |
| If you turn in this form in after Thursday, July 26th, 2018 | You will receive your schedule within one school week | It will be delivered to you in one of your classes.  (You are expected to follow the schedule you were given at schedule pick up until you receive your adjusted schedule.) |