

Chelsea Middle School

2321 Highway 39 • Chelsea, Alabama 35043

(205) 682-7210 • Fax (205) 682-7215

SCHEDULE CHANGE REQUEST 22-23

Student's Name: _____ Date: _____

Change From:

Change To:

The deadline has passed to request a course/schedule change. However, you may write a reason for the request for the schedule/team change committee to review. You will be notified of the team's decision. Course/schedule changes are not guaranteed as our schedules have been finalized based on course requests and class sizes.

Reason for Request:

Teacher Signature (If applicable): _____

Parent's Signature of Approval: _____

Email address & phone number where you can be contacted about the committee's decision:

☐ Approved

☐ Denied

Administrator's Signature