

**XAVIER COLLEGE PREPARATORY**

**Schedule Change Request Form**

**\*\* \$50.00 FEE \*\***

**Schedule Change Request:**

1. All schedule change requests must have an original signature.
2. Fax, email, or phone requests will not be accepted.
3. There is a **\$50 charge** for any schedule change request (cash or check only).
4. Changes may not be possible due to limited offering, conflicts, and/or class size.
5. No changes will be made on the basis of teacher or period when the class meets.
6. First semester changes may be made through the first two weeks of school.
7. Second semester changes may be made through the first week of second semester.
8. Please mail (or bring in) to:

Xavier College Preparatory  
 Attn: Student Records Office  
 4710 North Fifth Street  
 Phoenix, AZ 85012  
 (602) 277-3772

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**XAVIER COLLEGE PREPARATORY**

**Schedule Change Request Form**

**\*\* \$50.00 FEE \*\***

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If possible, please make the following change(s) to my schedule. I understand changes may not be possible due limited offerings, conflicts, and/or class size. Attached is the \$50 fee (cash\_\_\_\_/check\_\_\_\_) which is refundable if the change is not made.

I understand that no changes will be made on the basis of teacher or period when the class meets.

Course I wish to **DROP:**  
Course Name

Course I wish to **ADD:**  
Course Name

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

**Parent Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_