

**Archbishop John Carroll High School
Office for Academic Affairs
Request for a Roster Review**

NAME: _____ GRADE: _____

STUDENT NUMBER _____

REQUEST: PLEASE CONSIDER THE FOLLOWING CHANGE TO MY ROSTER.

PERIOD	COURSE TITLE	COURSE NUMBER
---------------	---------------------	----------------------

ADD _____

DROP _____

REASONS/COMMENTS/OTHER: _____

Student Signature _____ Parent Signature _____
(Parent Signature is needed to drop or change course)

THERE IS A \$50 FEE FOR ALL ROSTER CHANGES

OFFICIAL USE ONLY

_____ Follow the revised roster; until your request for a **roster change is approved**.

_____ Cash received _____ Check received _____ No payment received

No Charge, therefore: _____ Cash refund _____ Check Voided _____ Refund Check

_____ Follow your original roster, your request for a roster change is denied based on:

- _____ 1. Invalid or unacceptable reason given for a roster review request
- _____ 2. Too many courses selected
- _____ 3. Scheduling conflict
- _____ 4. Class size at Maximum (Labor Contract)
- _____ 5. Total students per teacher at maximum (Labor Contract)
- _____ 6. Class size (among different sections) must remain balanced (Labor Contract)
- _____ 7. Failure to meet course/track qualifications
- _____ 8. Failure to follow roster change procedure
- _____ 9. Failure to submit required fee
- _____ 10. Deadline for roster changes has passed
- _____ 11. Late registration (after May 1)
- _____ 12. Other _____

Therefore: _____ Voided check _____ Cash refund _____ Refund check _____ No fee received