



SCHEDULE CHANGE FORM

I wish to change my schedule as described below:_____

The reason for the requested change:_____

IMPORTANT: IF YOU ARE DROPPING A FRESNO STATE CLASS, YOU MUST DROP THE CLASS IN YOUR FRESNO STATE ACCOUNT.

Student Name (Please Print):_____

Student
Signature:_____ Date_____

I approve this requested schedule change:

Parent
Signature:_____ Date:_____

UHS ACTION:

Current Teacher's Signature:_____ Please circle one:
Approve Deny

Textbook Returned? Yes:_____ No:_____ Teacher's Initials:_____

Requested Teacher's Signature:_____ Approve Deny

Counselor's Signature:_____ Approve Deny

Date Recorded:_____

9/28/22.Student Forms

University High School
2611 E. Matoian Way
M/S UH134
Fresno, CA 93740

Phone: (559) 278-8263
Fax: (559) 278-0447
www.uhsfresno.com

UHS Administration
Jeffie Esparza Hickman, Superintendent/Principal
Aaron Morgan, Vice Principal
Geni Bird, Counselor
Rocio Fernandez, Counselor

Board Members
Nancy Akhavan, Ed.D., Chair
Susan B. Anderson, J.D., Vice Chair
Dominic Dizon, M.D.
Xuanning Fu, Ph.D.
Saul Jimenez-Sandoval, Ph.D.
Rajee Amarasinghe, Ph.D.
Michael Stain