

## MHS PRIORITY SCHEDULE CHANGE REQUEST FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Counselor (*circle one*): Athanas Brown Kusch Muenster Pellegrino Smith

*If you wish to request a schedule change, please complete this form and return it to Ms. Middleton in the Student Services office by **Tuesday, August 22 by 3:30 PM**. Forms will be reviewed by counselors and administrators and your counselor will contact you by email regarding the outcome of your request. **THERE MAY BE LIMITATIONS WITH THE MASTER SCHEDULE THAT COULD PREVENT THIS REQUEST FROM BEING COMPLETED.***

**REASON FOR REQUEST** (check all that apply):

- Graduation requirement (11th and 12th only)
- College admission requirement
- Change in career plans/interests
- Failure/repeat a class
- Prerequisite – do not meet course requirements
- Course selection form error

**RATIONALE (REQUIRED):** Explain your situation

**REQUESTED CHANGES:**

CLASS TO DROP	CLASS TO ADD (NO ONLINE)

Please check below for understanding:

	I UNDERSTAND THAT IF CLASSES ARE FULL, MY REQUEST WILL NOT BE COMPLETED.
	SENIORS ONLY: I HAVE CONSULTED WITH THE COLLEGES I HAVE APPLIED TO REGARDING A CHANGE TO MY SENIOR YEAR SCHEDULE.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_