



# WARD MELVILLE HIGH SCHOOL

## 2018-19 SCHEDULE CHANGE REQUEST

PRINT NAME: \_\_\_\_\_ GRADE: 10 COUNSELOR: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_ STUDENT CELL PHONE #: \_\_\_\_\_

PARENT PHONE #'s: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Level Change:  Yes;  No;      Error Correction:  Yes;  No;      Add Course:  Yes;  No;      Drop Course:  Yes;  No;  
 Is dropped course required for Graduation:  Yes;  No;      Is dropped course required for Regents/Adv. Regents Diploma:  Yes;  No;

Please explain change in course request: *(use back of form if more space is required)*

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*Please note that some courses are not required for graduation but may be required for a Regents Diploma or Advanced Regents Diploma.*  
 \*\*\*We have been advised by many colleges that schedule changes may impact a student's competitiveness in the college application process.\*\*\*

**NOT ALL CHANGE REQUESTS MAY BE POSSIBLE.**

**STUDENTS ARE TO FOLLOW THEIR EXISTING SCHEDULE UNTIL NOTIFIED IF A CHANGE WAS MADE.**

REQUESTED/DROP				REQUESTED/ADD		
	Course #	Course Name	Teacher Signature & Book Returned	Course #	Course Name	Teacher
A						
B						
C						

A. **Report Card Grades:** Q1: \_\_\_\_\_; Q2: \_\_\_\_\_; Mid Year Assessment: \_\_\_\_\_; Mid Year Regents \_\_\_\_\_; Q3: \_\_\_\_\_; Q4: \_\_\_\_\_  
 B. **Report Card Grades:** Q1: \_\_\_\_\_; Q2: \_\_\_\_\_; Mid Year Assessment: \_\_\_\_\_; Mid Year Regents \_\_\_\_\_; Q3: \_\_\_\_\_; Q4: \_\_\_\_\_  
 C. **Report Card Grades:** Q1: \_\_\_\_\_; Q2: \_\_\_\_\_; Mid Year Assessment: \_\_\_\_\_; Mid Year Regents \_\_\_\_\_; Q3: \_\_\_\_\_; Q4: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Schedule Changed?  Yes;  No

Date Received: \_\_\_\_\_

Date Changed: \_\_\_\_\_

Counselor Initial: \_\_\_\_\_