



WARD MELVILLE HIGH SCHOOL

2018-19 SCHEDULE CHANGE REQUEST

PRINT NAME: _____ GRADE: 12 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)*

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: _____