

WARD MELVILLE HIGH SCHOOL

2019-20 SCHEDULE CHANGE REQUEST

PRINT NAME: _____ GRADE: 10 COUNSELOR: _____

STUDENT EMAIL ADDRESS: _____ STUDENT CELL PHONE # _____

PARENT PHONE #'s: HOME: _____ CELL: _____ WORK: _____

*****PLEASE BE AWARE THAT DROPPING COURSES/SCHEDULE CHANGES MAY IMPACT COLLEGE ADMISSIONS DECISIONS*****

Please explain reason for request.

**Please note that some courses are not required for graduation but may be required for a Regents Diploma or Advanced Regents Diploma.
NOT ALL CHANGES REQUESTS MAY BE POSSIBLE.
STUDENTS ARE TO FOLLOW THEIR EXISTING SCHEDULE UNTIL NOTIFIED IF A CHANGE WAS MADE.**

REQUESTED/DROP		
Course #	Course Name	Teacher Signature & Book Returned

REQUESTED/ADD	
Course #	Course Name

Parent Signature: _____
Student Signature: _____

Date: _____
Date: _____

OFFICE USE ONLY						
	Q1	Q2	Q3	Q4		Date Changed:
Old Grade						
New Grade						Counselor Initial: