

2019 - 2020 MISD High School

Fall Schedule Correction Request Form

PLEASE READ CAREFULLY: Detailed information regarding class options, graduation programs and requirements, college and workforce preparation, and advanced academics is available in the MISD High School Course Description Guide <https://www.mansfieldisd.org/uploaded/main/departments/guidance/assets/hs-courseguide-1920.pdf> Overall registration, course selection, *appropriate graduation plan selection and requirements are ultimately the responsibility of each student and his/her parents.* Our counseling staff is available throughout the year to answer questions and assist in making decisions related to course selections during this process.

If there is an error in your schedule, please complete this form, in its entirety, so that your schedule correction request may be considered in a timely manner. Incomplete requests may take longer to verify and fulfill. **Not all changes can or will be accommodated.**

Scheduling requests are to be completed and turned in to the Counseling Center no later than 3PM on Friday, August 23rd.

To be completed by the STUDENT:

Name: _____ Grade: _____ ID: _____ Date of Request: _____

Student Email: _____ Counselor Name: _____

Parent Signature: _____ (Required)

I request to drop the following class(es):

I request to add the following class(es):

Please indicate your schedule correction need by placing a large X in the applicable box below. If you are dropping or adding an athletic period or activity class, the coach or sponsor's signature is required on this form to be considered.

<input type="checkbox"/>	1. I am a senior and need this class to graduate this year.
<input type="checkbox"/>	2. I have already passed and received credit for this class.
<input type="checkbox"/>	3. I no longer want to take this course. I also acknowledge the schedule change deadline was April 18 th , 2019 and has passed.
<input type="checkbox"/>	4. I want to request a change to PreAP or AP.

<input type="checkbox"/>	5. I do not have a class for one or more period(s).
<input type="checkbox"/>	6. I have successfully completed the class during Credit Recovery / Summer School. (Documentation Required)
<input type="checkbox"/>	7. I have been selected to participate in a sport or am no longer participating in a sport. Coach's signature: _____
<input type="checkbox"/>	8. I have been selected to participate in an activity class or am no longer participating. Sponsor's Signature: _____

APPROVED SCHEDULE CORRECTIONS/CHANGES ARE NOT IN EFFECT UNTIL THE STUDENT RECEIVES A REVISED SCHEDULE FROM THE COUNSELING CENTER.

<i>OFFICE USE ONLY:</i>			
Request received: _____ (date)	Request completed <input type="checkbox"/>	New schedule provided to student : _____ (date)	Request denied <input type="checkbox"/>
Reason for request denial:	<input type="checkbox"/> Does not meet criteria	<input type="checkbox"/> Does not fit into schedule	<input type="checkbox"/> Class is closed / above capacity
	<input type="checkbox"/> Course was requested		