

MCHS Schedule Change Request Form

Deadline to submit completed form to Counseling is **Monday 8/19/24 by 8:15am**

Name: _____ Grade Level: _____ ID# _____

Post High School Plan: _____ Diploma Type: _____

I wish to drop: _____ and add: _____

Parent email: _____ Student email: _____

Reason for Change:

Current Class Schedule

First Semester

1st _____

2nd _____

3rd _____

4th _____

Second Semester

1st _____

2nd _____

3rd _____

4th _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Schedule appeal requests will be considered in the order in which they were received. Requests will be considered if; a) your schedule is unbalanced with too many academic courses in the same semester, b) an alternate was used in your schedule and you would like to have a different alternate listed from your registration form, c) human error has occurred, d) the request assists in the better balancing of class sizes, or e) you would like to raise to another level.

Changes will **NOT** be considered if any (but not limited to) of the following situations occur:

- 1) It makes a class exceed the stated class cap.
- 2) It causes the number enrolled in a class to fall below fifteen.
- 3) It is a course for which you do not have the prerequisite.
- 4) It is a request that changes your diploma type.
- 5) It is a request to drop a career/technical class which completes a sequence.
- 6) It is a request for a class that will not work in your schedule due to scheduling conflicts.
- 7) It is a request to change teacher.
- 8) It is a request to add a course that was not on your course request list.

All changes are final. There will be no additional opportunity for student-initiated changes outside of the request change timeframe leading up to 1st semester, and then again for 2nd semester. Students will be notified that their request has been approved/denied by receiving a new schedule or notice from their counselor. All grades and attendance transfer to the new class.

Approved _____
(Counselor)

Denied _____
(Counselor)

 (Administrator)

 (Administrator)