Manhasset Public Schools

Counseling Department

Schedule Change Request

Name of Student_____ **Counselor**_____

Grade_____ **Homeroom Teacher (1st period)** _____ **Date**_____

Schedule changes are discouraged and must be approved by the appropriate administrator. Changes cannot be accommodated based on teacher preference or without a valid reason. Please complete this form, obtain the required signatures, and return to the Counseling Office.

Please indicate the change you are requesting:

Course to be dropped: _____**Did you use an override for this course? Y N**

Course to be added: _____

Reason for this request:

_____

_____

_____

Student Signature: _____

Parent Signature: _____ **Phone#**_____

Parent Email address: _____

Department Director's Signature: _____ Date_____

Required for any Honors or AP Course prior to submitting to the Counseling Office.

Approved _____ Disapproved _____

Teacher's Signature: _____ __ Date_____

***Required as of Sept. 1, 2026.**

Counselor's Signature: _____ Date_____

~Student must follow the original schedule, until a new schedule is issued~