

Mercy High School Schedule Change Request Form for Special Consideration

Student Name:	Grade:
Counselor:	Date Submitted:

*As a counseling department, we are committed to helping students make thoughtful and informed course choices. The Master Schedule is based upon student course registrations, which limits the opportunity for course changes once schedules are created. The Schedule Change Request form can be completed and turned into the Counseling Office on the first day of the new semester in order for a schedule adjustment to be considered. Schedule adjustments will only be made the first week of school. **Completion of this form does not guarantee that the requested change will be made.** Schedule change requests will be reviewed by committee and decisions will be communicated to the student via email. As a reminder, the only schedule changes counselors will handle the first week of school, include: schedules with unresolved conflicts, straight drops or adds (if space available). Schedules will not be rearranged to accommodate a "change of mind" of a course or "change of teacher" request.*

Requested course(s) to be dropped:	Requested course(s) to be added:

In the space below, please give specific reasons for above schedule change request(s):

Parent/Guardian:

By signing below, you acknowledge that your child has permission to make the schedule change(s) requested above, provided these changes can be accommodated.

Parent/Guardian Signature

Student Signature

For office use only:

___ Approved

___ Not Approved

Counselor Notes:

Date Received: _____ Decision communicated to student on: _____