**Maurice J. McDonough High School Counseling Department**

**REQUEST FOR SCHEDULE CHANGE**

Students seeking to change their schedule need to complete the information below and return to the counselor of record by **Monday, SEPTEMBER 14th, 2020**. Parent/guardian signature must be obtained before returning the form to the school counselor and parent/guardian may be contacted if the counselor/administrator has any questions about the request. Counselors will notify the student within 72 hours if the schedule change request has been approved or denied. Please keep in mind that, if approved, other parts of the student’s schedule may change to accommodate the requested change. Once a schedule change has been processed, the student will have that schedule for the remainder of the school year.

Schedule changes will be handled in the following order:

1. Students who have failed a course and have been reassigned to the same teacher.
2. Students who have failed a required course that is not included on their schedule.
3. Students who have already earned the credit for a class scheduled.

*\*\*Parents/Guardians and students are reminded that changing to a course that was not on the student’s course selection sheet or due to teacher preference are* ***not*** *valid reasons to request a change.*

Class to be dropped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class to be added\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for change\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Student Name Grade Student Signature

Printed Parent/Guardian Name Parent/Guardian Signature

Date Student ID # Parent/Guardian Telephone Number

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For Office Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Counselor Signature Administrator Signature Date

 (required only if request is denied)

Approved Denied Reason for Denial