

# WARD MELVILLE HIGH SCHOOL

## 2019-20 SCHEDULE CHANGE REQUEST

PRINT NAME: \_\_\_\_\_ GRADE: 12 COUNSELOR: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_ STUDENT CELL PHONE # \_\_\_\_\_

PARENT PHONE #'s: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**\*\*\*PLEASE BE AWARE THAT DROPPING COURSES/SCHEDULE CHANGES MAY IMPACT COLLEGE ADMISSIONS DECISIONS\*\*\***

Please explain reason for request.

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**Please note that some courses are not required for graduation but may be required for a Regents Diploma or Advanced Regents Diploma.  
NOT ALL CHANGES REQUESTS MAY BE POSSIBLE.  
STUDENTS ARE TO FOLLOW THEIR EXISTING SCHEDULE UNTIL NOTIFIED IF A CHANGE WAS MADE.**

REQUESTED/DROP		
Course #	Course Name	Teacher Signature & Book Returned

REQUESTED/ADD	
Course #	Course Name

Parent Signature: \_\_\_\_\_  
Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

OFFICE USE ONLY					
	Q1	Q2	Q3	Q4	
Old Grade					Date Changed:
New Grade					Counselor Initial: