

MHS PRIORITY SCHEDULE CHANGE REQUEST FORM

Name: _____ Student ID: _____ Grade: _____

Student Cell Number: _____ Student Email Address: _____

Counselor (*circle one*): Athanas Brendemuehl Brown Debilzen Kusch Pellegrino Smith

If you wish to request a schedule change, please complete this form and return it to Ms. Middleton (dmiddleton@mcpasd.k12.wi.us) by the date listed below. **Forms will be reviewed AFTER the deadline by counselors and administrators and your counselor will contact you by email regarding the outcome of your request prior to the start of the new semester.** There may be limitations with the master schedule that could prevent this request from being completed.

*****Changes for Sem 1 due by 3:00 pm on Aug 18 - students will be informed via email re. their request on or before Aug 28**

*****Changes for Sem 2 due by 4:00 pm on Jan 6 - students will be informed via email re. their request on or before Jan 15**

REASON FOR REQUEST (check all that apply):

- Graduation requirement (11th and 12th only)
- College admission requirement
- Change in career plans/interests
- Failure/repeat a class
- Prerequisite – do not meet course requirements
- Course selection form error

RATIONALE (REQUIRED): Explain your situation

REQUESTED CHANGES:

CLASS TO DROP	CLASS TO ADD

Please check below for understanding:

	I UNDERSTAND THAT IF CLASSES ARE FULL, MY REQUEST WILL NOT BE COMPLETED.
	SENIORS ONLY: IF I HAVE APPLIED TO COLLEGES I WILL CONSULT WITH THEM REGARDING THE CHANGE TO MY SENIOR YEAR SCHEDULE.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____