MJH SCHEDULE CHANGE REQUEST FORM

Complete form only for an elective change or Pre-AP to Level course request.

We cannot guarantee that all elective course requests will be approved.

The counseling department does NOT have authorization to make teacher or lunch changes.

Student’s Name: _______________ ID # ________ Grade: ____

Circle One:  
Mrs. Gagliano  (Student Last Names: A-L)
Mrs. Stewart  (Student Last Names: M-Z)

Course to Drop: __________________

Course to Add: __________________

I am requesting that my schedule be changed for the following reason:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Must have PARENT/GUARDIAN signature and any other person(s) required by Counselor.

X ___________________________ _______/
(Parent Signature)  ______/
(Today’s Date)

_________________________________________________________________________
(Email)  ___.-_____-._____
(Phone Number)

X ___________________________  
(Other signature required by Counselor, if needed)  Staff Member Name