

Mount Si High School

Schedule Correction Request Form

Student Name	Grade	Student e-mail	Date of Request
Parent Name	Parent e-mail		Parent/Student Phone #

Your request will ONLY be considered if all of the following information is provided. Be as specific and accurate as possible. Submit the completed form to the counseling office.

What are the **COMPELLING** educational reasons for this request?

_____ Have not met pre-requisite	_____ Must meet graduation requirement
_____ Have an open period	_____ Have 2 classes same period
_____ Other (use back the back of this form if additional space is needed): _____	

SEMESTER 1 or 2 (please circle)				
Periods	Drop Class	Teacher	Add Class	Teacher
0				
1				
2				
3				
4				
5				
6				
7				

Student Signature	Parent Signature
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Request Approved: _____

Request Denied: _____ Class is full _____ Does not meet pre-recs _____ Creates other conflicts

Other: _____

Counselor Signature	Date
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