



MELROSE HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM
(to be used during designated first term add/drop period ONLY)

STUDENT NAME: _____ **DATE OF REQUEST:** _____

REQUESTED BY: Student _____ Parent _____ Teacher _____ Other _____

REASON FOR REQUEST: _____

DROP: _____ **ADD:** _____
(course #, level, course title) (course #, level, course title)

SIGNATURES

(comments may be made on the reverse side as needed by those signing)

PRESENT TEACHER: _____ **PRESENT GRADE** _____
(signature indicates the teacher has discussed the requested change with the student)

PARENT: _____
(signature indicates the parent has discussed the requested change with the student and approves the change)

CURRICULUM CHAIR: _____
(signature indicates the curriculum chair has discussed the requested change with the student, the parent, and the current teacher and approves the change)

COUNSELOR: _____ **DATE OF CHANGE** _____
(signature indicates the requested change has been made in the student's schedule)

PLEASE NOTE: *It is the student's responsibility to complete this form and to obtain all signatures before any change will be made. This form is not to be used for elective changes, preferential changes, or teacher preferences. All classes dropped after the first term progress report will be recorded as **WITHDRAWN PASS OR FAIL**. Grades at the time of withdrawal will be factored into the new class grade.*