

**SCHEDULE CHANGE REQUEST FORM
MULLIN ISD**

CAMPUS: _____

Student's Name _____

******* ATTENTION STUDENTS *******

READ THE FOLLOWING ITEMS CAREFULLY!

- All requests for a schedule change must have all required signatures and a detailed reason for the change should be included.
- Schedule changes are subject to class availability. Since some changes require the shifting of other classes, it may not be possible to grant the request due to conflicts and/or class size.
- Final approval for schedule changes will be granted by your counselor.
- Students will follow the schedule they have been given until notified by the counselor that a change has been made. Failure to follow this procedure will result in the student being counted absent in the scheduled classes.

I am requesting the following schedule correction(s):

DROP COURSE

ADD COURSE

Course Name	Course #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course Name	Course #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THE REASON FOR SCHEDULE CHANGE (BE DETAILED – USE THE BACK OF PAGE IF NECESSARY)

Parent' Signature _____ Date _____

Student's Signature _____

RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE.

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OFFICE USE ONLY:

GRANTED: _____ DENIED: _____

Counselor Signature

Date