

**Mallard Creek High School  
Schedule Change Form 2012-13**

Student Name: \_\_\_\_\_ Student No. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Course(s) requesting to drop: \_\_\_\_\_

Course(s) requesting to add: \_\_\_\_\_

**Schedule change requests will only be honored if: 1) you already passed a scheduled course; 2) you do not have the prerequisite for a scheduled course; 3) you wish to move to a higher level course; or 4) you need another course in order to graduate this year.**

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Parent Signature (required): \_\_\_\_\_

**Please return completed forms to guidance. Counselors will process changes as quick as possible.**

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