



MILTON HIGH SCHOOL

Schedule Change Request & Course Placement Waiver Form

Important Dates:

ADD/DROP Window: January 7th - 18th

Last Name: _____ First Name: _____ Date: _____

Grade: _____ Student Email: _____ Parent Email: _____

Reason for Schedule Change Request. Check all that apply.

I need this course to graduate.

I have not taken and/or passed the necessary prerequisite course.

I need this course for college admission.

OTHER: _____

I previously passed this course.

This is a duplicate course on my schedule.

- SENIORS: if you are dropping a course please check with your intended colleges and universities to be sure this does not impact your potential acceptance and/or scholarships.
- Once students submit a schedule change request, the Counseling Department will do the utmost to process and complete the request in a timely manner. Please note that it may take 5-10 days to process your request.
- If you submit a schedule change request and then determine that you no longer want the change you must see your counselor in person to retract your request. Please note that your original schedule may no longer be available if the change has already been processed.
- BAND, ORCHESTRA & CHORUS STUDENTS: have your teacher sign this form next to the course you're dropping to indicate that you do not have any outstanding items that need to be returned.

NOTE: This is a list of courses you would like to add or drop and in no way represents your schedule.

Class(es) to DROP:

1	2	3
4	5	6

Class(es) to ADD (please provide multiple options):

1	2	3
4	5	6

STUDENT SIGNATURE: _____ PARENT SIGNATURE: _____

Optional: Student's Cell Phone #: _____

FOR OFFICE USE ONLY

Request Denied Request Approved Comments: _____

Date Processed: _____ Counselor Initials: _____ New Schedule/Response Sent to Student: _____