



METUCHEN PUBLIC SCHOOLS

School Counseling Department
400 Grove Avenue, Metuchen, NJ 08840

Metuchen High School
(732) 321-8744 x 5020

SCHEDULE CHANGE REQUEST FORM

Students are expected to give careful consideration to the courses chosen during the course selection process. After the Course Planning Conference, if a student wishes to change a course request, he/she must complete this request form with a parent/guardian signature. **No change will be made without a parent signature.** For changes to academic level, please use the *Level Change Request Form*.

Student Name: _____ **Counselor:** _____

DROP – List course titles below.

ADD – List course titles below.

I have given careful consideration to this decision. I understand that I may not change my request back to the original selection(s), once this form has been processed. I understand the impact this decision may have on my preparation for college or career planning.

Student Signature: _____ **Date:** _____

I hereby grant permission for my son/daughter to drop and/or add the course(s) listed above. I have discussed this decision with my child and I understand the impact this decision may have on his/her preparation for college or career planning.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only

Date change was entered into Genesis: _____

cc:
Student
Counselor