MAST Academy
Schedule Change Request Form

MAST Academy

Student Name: _____ I.D. #: _____

Date of Request: _____ Grade: _____

Note: Schedules will be adjusted on a priority basis exclusively for the following reasons:
- Student is missing a period or core class or had duplicate course/period.
- Student is the incorrect level (grade level or academic level).
- Course to be added is needed to meet graduation requirement.

REQUESTED CHANGES

DROP COURSE(S)	ADD COURSE(S)

COUNSELOR RESPONSE   Date: _____

_____ 1.   Course is required.
_____ 2.   Course was chosen on subject selection.
_____ 3.   The student was not recommended for the course.

Counselor's Signature: _____Date: _____