

# Faribault Middle School Schedule Request Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date request received: \_\_\_\_\_

(To be completed by Student Services Staff)

Complete this form and return it to a counselor or student services prior to the start of the quarter.

\*\*Completion of this form is NOT a guarantee that the request will be granted. All final decisions are made in collaboration with teachers, counselors, and administration. \*\*Students should report to Mrs. McColley in Student Services for the final decision paperwork. Please allow 2 school days for the request to be processed.

*You may NOT make a request for the following reasons:*

- To request a certain teacher
- To have a specific class during a specific hour
- To have a class with a friend
- Because you simply changed your mind
- To rearrange your schedule

This policy is in place because teaching positions are based on registration. Once students register, course selections are cut and staffing positions are determined. If we allow students to change their minds about course selections not only does it undermine the integrity of the registration process, but more importantly, class sizes become very imbalanced.

*Requests can/should be made ONLY for the following reasons:*

- You do not have prerequisites for the class listed
- There is an obvious error (example: two classes scheduled at the same time)
- A class you need to fulfill the fine arts standards was missed on your schedule
- You are misplaced in a class as determined by the instructor
- Student is dropping or advancing a level within a department
- Student is dropping from a class into an online class

Continued on reverse side

The Faribault Middle School Registration Guide listing courses and course descriptions is located at: <http://www.faribault.k12.mn.us>.

Class requesting to drop: \_\_\_\_\_ Hour: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class requesting to add: \_\_\_\_\_

Teacher: \_\_\_\_\_

Reason/Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Status of requested schedule change:

Accepted (please see attached schedule)

Denied (see reason below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your support as we do our best to help students make the best decisions about course selection and to maintain balanced class in all subject areas.