

MAST@FIU Biscayne Bay Campus Schedule Adjustment Form

Please fill in the following information:

_____	_____
Student Name (Last, First, MI)	Student I.D. Number
_____	_____
Name of First Period Teacher	Student Grade Level

I am requesting a review of my schedule of courses for this year for the reason(s) stated below. I understand that a schedule change will only be made for a course that I completed last year or during the summer. Sample reason: I am scheduled for Spanish 1 and I completed it last year.

Specific Reason For Schedule Adjustment

Reviewer: _____ Approved Partial Denied

Explanation and Proposed Action (Office Use Only)

This form must be submitted to Ms. Hennessey in AC1 395 no later than 8.24.17.