Teacher Roster Correction Form

Teacher's Name _____ Employee No: _____

Work Location Name _____ Work Location No: _____

Date of Request _____   Check one: ☐ October   ☐ February

Below, indicate students to be added or deleted. Please be sure to complete all fields. Incomplete forms will not be accepted.

Correction Request**	Student Last and First Name	Student M-DCPS 7- digit ID #	Course Sequence #	Course Section*	Reason for Correction
☐ Add ☐ Delete					
☐ Add ☐ Delete					
☐ Add ☐ Delete					
☐ Add ☐ Delete					
☐ Add ☐ Delete					

*Course Section is found in the teacher roster.

** Students with a schedule change after **FEBRUARY FTE WEEK (02/05/2024-02/09/2024)** cannot be added or deleted.

For error corrections associated with the full class roster, indicate only the class sequence number and course section. Listing all the students in the class is not necessary.

Correction Request**	Class Sequence #	Course Section*
☐ Add ☐ Delete		
☐ Add ☐ Delete		