



## Request for Course Level Change

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

Grade: \_\_\_\_\_

I am requesting that my son/daughter be scheduled for the following course(s), as opposed to the course(s) recommended for them by their teacher:

**Course:** \_\_\_\_\_

**Instead of:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Instead of:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Instead of:** \_\_\_\_\_

**This form MUST be returned to your school counselor by Wednesday, April 1<sup>st</sup> in order for your requests to be processed. Your counselor will process all level changes.**

I understand that by selecting a course which is different from the recommended course, my/son daughter will be granted a transfer for at least one marking period. If, at that time, he/she is experiencing difficulty, a conference attended by the parent(s), teacher, student and guidance counselor must precede any move.

Signed \_\_\_\_\_  
(Current Teacher)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Current Teacher)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Current Teacher)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Student)

Date \_\_\_\_\_