CAB CALLOWAY SCHOOL of the ARTS

Request for Course Level Change and/or to Add a Course

Student Name:_____ **Grade**:_____

I am requesting that my son/daughter be scheduled for the following course(s), as opposed to the course(s) recommended (or, not recommended) for he/she by their teacher(s):

Course: _____

Instead of: _____

Signed _____ **Date** _____
(Current Teacher Signature)

Course: _____

Instead of: _____

Signed _____ **Date**_____
(Current Teacher Signature)

Course: _____

Instead of: _____

Signed _____ **Date**_____
(Current Teacher Signature)

This form MUST be returned to your school counselor by Friday, March 24th in order for your requests to be processed. Your counselor will process all level changes and update your requests.

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.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____