



**CAB
CALLOWAY
SCHOOL**
of the ARTS

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

Student Name: _____

Grade: _____

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

Course: _____

Instead of: _____

Signed _____
(Current Teacher Signature)

Date _____

Course: _____

Instead of: _____

Signed _____
(Current Teacher Signature)

Date _____

Course: _____

Instead of: _____

Signed _____
(Current Teacher Signature)

Date _____

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 the end of the quarter, he/she is experiencing difficulty, a conference attended by the parent(s), teacher, student, and school counselor must precede any schedule change.

Parent Signature _____

Date _____

Student Signature _____

Date _____

**This form MUST be returned to the School Counseling Office by
Thursday, March 29th in order for your requests to be processed.
Your school counselor will process all level changes and requests on your behalf.**