LEVEL CHANGE REQUEST FORM

Use this form to request a level change from a course recommended by your teacher. This form must be completed with all signatures and returned to your counselor.

Last Name_________________________ First Name ________________________ID# _____________

Grade Level _________   Counselor _______________________  Request Date ___________________

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We request that the following level(s) of the above named student be changed:

FROM                              TO

Recommended Course & Level      New Course & Level      Teacher Signature

1. ________________________       ________________________       ________________________
2. ________________________       ________________________       ________________________
3. ________________________       ________________________       ________________________

We understand that we have the option of speaking with the resource teacher(s) for explanation of specific recommendation policies or for further information. We understand that this request for change of course/level does not agree with the teacher recommendation for course placement(s). We further understand that the change of course/level is final and once requested, no further changes will be allowed.

Parent/Guardian Signature________________________ Date _________________________

Student’s Signature________________________ Date _________________________

This signed form must be returned to the counselor in person, by mail, by fax before the level change is made.

FOR COUNSELOR USE ONLY:  Date Received __________ Date Change Processed _____________