

LEVEL CHANGE REQUEST FORM

Date: _____

This form must be completed before any level change is made. Until the counselor makes the change, the student must attend the scheduled class. All changes are dependent on availability in classes.

Students-Complete this section and give this form to the teacher of the class you wish to change.

Name of Student _____ ID _____ Course _____

Proposed Change: Drop: Course Title _____ Number _____ Level _____

Add: Course Title _____ Number _____ Level _____

Reason for level change:
(Use back of form if needed) _____

Parent-Signature acknowledgment of request _____
Parent Signature _____ Date _____

Teacher-Complete this section and give this form to your Department Chair.

CURRENT GRADE: _____ HOMEWORK ASSIGNMENTS: _____
Dates of tardies: _____ Assigned _____ Completed _____
Dates of cuts: _____
Dates of excused absences: _____

Has this student sought extra help from you before or after school? _____ How Much? _____

Describe student's class participation and behavior:

Teacher Recommends: Change No Change

Reason for recommendation: _____

Teacher Signature _____ Date _____

Department Chair-Complete and return this form to the Counselor.

Approved Denied

If denied, reason: _____

Department Chair Signature _____ Date _____

Counselor Section-This level change will be done only if approved by the area Department Chair.

Change Made:

Counselor Signature _____ Receiving Teacher _____ Date _____