

# HALLS HIGH SCHOOL – LEVEL CHANGE REQUEST

*Request for change in academic rigor / course level*

Academic data and performance records are used for placing students in the appropriate level of courses. Course placements are believed to provide students with the greatest opportunity for academic success; therefore, requests for changes are strongly discouraged. However, if a parent/guardian feels that such a change is needed, an academic override request must be completed.

**Student's Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

My signature below indicates my awareness of the level change requested. I am aware of the possible educational implications of this request. I understand it is contradictory to my previous teacher's recommendation, which was based on the level of courses that were indicated by his/her academic performance and potential thus far. I take full responsibility for this decision if this request is granted. If changes are granted, I understand that he/she will be required to remain in the assigned class until the end of the semester.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Requesting recommended course/level change of**

\_\_\_\_\_ **to** \_\_\_\_\_.

*– The below information is for office use only –*

**Counselors reserve the right to seek the Opinion of Recommending Teacher(s)**

**Recommending Teacher's Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agree/ Disagree**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: This form must be submitted to the student's school counselor. The school counselor or administration will review the requested change and contact you if additional discussion regarding the change is needed.