

**Morristown High School**  
 School Counseling & Guidance Office  
 50 Early Street  
 Morristown, NJ 07960  
 973-292-2000, ext. 2130



### Course Level Recommendation Override

Name \_\_\_\_\_ Grade \_\_\_\_\_ Counselor \_\_\_\_\_

Current Course/Level \_\_\_\_\_

Current Course Average(s) (Complete any grades available at the time of submission):

MP 1	MP 2	MP 3	MP 4	Final Average

Course/Level Recommended \_\_\_\_\_

Course/Level Requested \_\_\_\_\_

Prerequisite Coursework Met      Yes  No

If yes, indicate course(s) \_\_\_\_\_

*\*By signing this form you are giving permission to enroll in a level different from your current teacher's recommendation. Teacher's and Counselor's signatures indicate an initial conversation has occurred regarding this request. Students will be taking on all elevated curricular responsibilities with the expectation of full completion of the new course/level. Any requests for a revised level change will **ONLY** occur at the end of the 1st marking period. No other opportunities for level changes will be permitted.*

\_\_\_\_\_  
 Current Subject Area Teacher      Date

\_\_\_\_\_  
 \*Student Signature      Date

\_\_\_\_\_  
 MHS School Counselor Signature      Date

\_\_\_\_\_  
 \*Parent Signature      Date

**Above indicated signatures must be completed prior to submission to supervisor/Guidance Director.**

MHS Supervisor Signature & Date \_\_\_\_\_ Approved: \_\_\_\_\_ YES \_\_\_\_\_ NO

MHS Guidance Director Signature & Date \_\_\_\_\_