

**COURSE LEVEL ADJUSTMENT REQUEST FORM**

STUDENT NAME:

DATE:

CURRENT COURSE:

REQUEST LEVEL CHANGE TO:

**TEACHER'S EVALUATION (PLEASE CHECK)**

\_\_\_\_\_ Able to do the work, but not working hard enough. Suggested strategies for student improvement:

\_\_\_\_\_ A level adjustment may be appropriate. Student dropping full-year within first ten weeks or a semester course within the first five weeks without penalty; no notation of course on report card or transcript.

\_\_\_\_\_ A level adjustment may be appropriate.

TEACHER'S SIGNATURE: \_\_\_\_\_

**CURRICULUM SUPERVISOR EVALUATION (please check)**

DEPT SUPERVISOR/COORDINATOR SIGNATURE: \_\_\_\_\_

\_\_\_\_\_ Based on department criteria, student records, test scores, previous record and teacher recommendation, the student seems appropriately placed.

\_\_\_\_\_ Student record review, department criteria and teacher recommendation indicate a student change of course level is appropriate.

**PARENT APPROVAL:**

I approve this request to change from \_\_\_\_\_  
to \_\_\_\_\_ and understand that my son/daughter will receive the grade (if any given) as stated above on the report card and on the school transcript.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEW TEACHER \_\_\_\_\_

COUNSELOR \_\_\_\_\_ CHANGED PROCESSED \_\_\_\_\_