OVERRIDE REQUEST APPLICATION

Student Name: _____ Current Grade: _____ Counselor:_____

Teacher **Recommended** Course: _____ Level: _____

Student/Parent/Guardian **Requested** Course: _____ Level: _____

Please review this document and complete the steps outlined below. Submit the completed Override Request Application to the School Counseling Office by the deadline posted on the Course Request form.

1. Conference/conversation between the parent/guardian and the teacher. The teacher should sign and date below. Alternately, you may attach an e-mail from the teacher in lieu of a signature to confirm this conversation.

   Teacher Signature: _____ Date: _____

2. If you have additional questions about the content of courses, you should contact the department coordinator.

3. If an override is still requested, the parent/guardian and student must review and sign the application below.

- In early spring, the number of sections of a course is determined after student course request sheets are submitted. (Override requests are considered when determining sections.)
- Students are placed in recommended courses first. If space in class permits, override request applications will be reviewed on a first come first served basis. Several factors impact placement.
- **Placement is not on a trial basis;** therefore, subsequent changes will not be made unless student submits a Student Appeal for Change in Schedule Form and this is approved by the principal. Please review the form as it contains important transcript information.
- If the student does not attain a final grade of C- or better in the non-recommended level or if a student drops the course, the following year the student will be placed in the recommended level with **no override option permitted**.
- The student in an override course will have available the same assistance as all other students. The parents/guardians will accept the responsibility to provide additional support if necessary.

I have read this document:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

RETURN COMPLETED AND SIGNED DOCUMENT TO SCHOOL COUNSELING OFFICE.

For office use only:

Approved: ____ **Not Approved:** ____

Administrator: _____ **Date:** _____

MW Updated 10-7-2021