

## Course Override Request

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Grade Next Year: \_\_\_\_\_ Date Given: \_\_\_\_\_

Your child has requested the following course for which he/she has **not** been recommended because of achievement, study habits or level of difficulty. If you have any questions about these recommendations please contact your child's current teacher for the subject area or the guidance office.

Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

*Recommended Course Number/Title:* \_\_\_\_\_

**Please note that your child's course currently listed in Skyward reflect the teacher recommendation.** We will change the schedule to the requested course upon receipt of this signed form.

I have read the above recommendation and I have had the opportunity to ask questions of the professional staff involved. **I understand the course change deadline is June 23, 2022.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*\*Students requesting an override for an AP class,  
please complete BOTH sides of this form\*\***

# AP Course Override Request

## Current Applicable Courses

List all courses you are currently taking relevant to the AP course you are asking to override. (English classes for AP English, etc.) Include teacher names and course or semester grades.

Course	Teacher	Current Grade	Mid-Term Exam Grade

## Withdrawal Guideline/Acknowledgement

AP courses do not follow the same withdrawal policy as all other courses offered Spring-Ford. **Students have until June 23, 2022 to drop the course.** After June 23, 2022 if it is determined that there are extenuating circumstances a student may be permitted to DROP a course. Please note- a failing grade (60%) will be recorded for the course which is dropped on the student's transcript.

By signing below you indicate that you understand that you recognize that you do not meet the academic guidelines to be recommended for the AP course that you are overriding and have read and understand the withdrawal guideline.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*\*Students requesting an override for an AP class,  
please complete BOTH sides of this form\*\***