



Thomas Worthington High School
300 W. Dublin Granville Road
Worthington, Ohio 43085
www.worthington.k12.oh.us

Course Level Change Acknowledgment

Date: _____ Student Name: _____

Course Requested: _____

Current Course Enrollment (recommended by previous teacher): _____

I understand and acknowledge that my previous teacher has recommended that I take the course for which I am currently enrolled. I am requesting to have my schedule changed so that I may be enrolled in a higher level class. I understand and acknowledge that my school counselor and previous teacher have expressed concern regarding my ability to be successful in this higher level class due to my performance in the previous course level.

I acknowledge that if I do not experience success in this higher level course, a request to move back to the previous course may not be granted. A request to change back to a lower level class can only be submitted during the first quarter or at the end of the first semester and may be granted only if there is room in the class. If the request is granted, the student's withdrawal grade will be transferred to the new course and used in computing the student's grade.

Student Signature

Date

Parent Signature

Date