



SYCAMORE JUNIOR HIGH COURSE ADJUSTMENT REQUEST

This form must be returned on or before April 4th, 2025. Any form turned in past this date may not be eligible for consideration until the beginning of next school year and will be subject to seat availability. Return form to the JH counseling office.

(Student Name)

(Date)

In an effort to provide students with opportunities that match demonstrated ability and achievement, MAP data and teacher input is used when recommending students for courses. When a student chooses to take a course other than the one they were recommended for, it is critical for the student and parents to evaluate the pros, cons and the demands of the new course before making a change.

To be completed by Parent and Student:

We request that _____ be permitted to enroll in:
(Student name)

(Course title)

We understand that he/she was **not** recommended for this course and that he/she will be required to **stay** in the course for the duration. We also understand that the course listed above may have different expectations and demands than the original course he/she was recommended for. Any grade earned in the course listed above will count towards a final average.

(Parent Signature)

(Date)

(Student Signature)

(Date)

Return to the counseling office by April 4th

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