



Nonnewaug High School

5 Minortown Road
Woodbury, CT 06798
Telephone Number (203) 263-0253
Fax (203)263-6928

COURSE LEVEL OVERRIDE FORM

It is the responsibility of the student to complete this form and obtain all required signatures. This form must be turned in to the counselor by the end of the school day on February 20, 2025. Failure to turn this form in on time will result in it being null and void.

Check applicable category: For the 2025-2026 School year, I will be (Check one)

- ☐ Incoming grade 9 student
- ☐ Current NHS student.
 - ☐ Grade 10
 - ☐ Grade 11
 - ☐ Grade 12

This change form must be completed, signed and returned to the student's school counselor by February 20, 2025.

Student Name: _____ Date: _____

Course/level recommended by teacher: _____
Course name/ level

Course level change requested: _____
Course name/ level

Student must write a reason for requesting change: _____

To Student & Parents,

When parents and a student request to override a teacher recommendation, they must understand that, should the need arise, it may not be feasible to move the student to a lower/higher level without a complete schedule change or course withdrawal of an elective class.

Student Signature: _____ **Date:** _____

Comments:

Parent/Guardian Signature: _____ **Date:** _____

Comments:

IL Signature: _____ **Date:** _____

Comments:

Administrator Signature: _____ **Date:** _____

Comments:

Received by counselor: _____ **Date:** _____

Comments: