**Level Change Request Form**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(First and Last Name, Print Clearly)*

Your Counselor (circle): Abuqalbeen D’Amore Moser Thao Vang

* **This is a REQUEST form ONLY. There are no guarantees that your request will be granted.**
* **Level change requests will be processed as quickly as possible. You must REMAIN in assigned class(es) until you see the change in Student Portal.**
* **Do NOT use this form for elective change requests.**

**REASON FOR REQUEST (Please check):**

**\_\_\_** Already Took Class

\_\_\_ Missing Graduation Requirement

\_\_\_ Course Level Change

|  |  |  |
| --- | --- | --- |
| **Period** | **Drop Requested****(Teacher Signature Required)** | **Add Requested****(Teacher Signature Required)** |
| **1A** |  |  |
| **2A** |  |  |
| **3A** |  |  |
| **4A** |  |  |
| **1B** |  |  |
| **2B** |  |  |
| **3B** |  |  |
| **4B** |  |  |

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**