

**ROSLYN HIGH SCHOOL**  
**2022-2023**  
**Schedule/Course Level Change Form**

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

If you are requesting a schedule/course level change, this form must be completed and returned to the Counseling Center. Forms will be stamped by date of receipt and addressed accordingly. **NO schedule changes will be made after 10/21/22 except to drop an AP elective.**

<b>◊ Level Change Request</b>
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Students are responsible for obtaining the current teacher and Department Chairperson signatures. No changes will be made without a completed form returned to the Counseling Center. ***\*Students must attend current courses until notified by their counselor that the change has been approved.***

\_\_\_\_\_  
Current Course

\_\_\_\_\_  
Requested Course Level Change

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

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

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Current Teacher Signature

\_\_\_\_\_  
Textbook Returned Date

\_\_\_\_\_  
Date of Parent/Teacher Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Department Chairperson Signature

<b>◊ Elective Request/Change</b>
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1st Semester Drop: \_\_\_\_\_

Teacher Signature/Textbook Returned: \_\_\_\_\_

**2nd Semester Add:** \_\_\_\_\_

1st Semester Drop: \_\_\_\_\_

Teacher Signature/Textbook Returned: \_\_\_\_\_

**2nd Semester Add:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Counselor (Last Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Guidance (Last Signature)

\_\_\_\_\_  
Date