

**ROSLYN HIGH SCHOOL
COUNSELING DEPARTMENT**

COURSE LEVEL CHANGE REQUEST FORM

Student Name

Counselor Name

Grade

Date

Grades follow to new course: Yes No (YES, if after October 11th)



Current Course

Requested Course Level Change

Reason for course change:

*****Student is responsible for attaining Department Chairperson signatures. No changes will be made without a complete form returned to the Guidance office by the student*****

I understand that the following staff members must approve this request by signing in the appropriate area. Student must attend current course until notified by their counselor that the change has been approved.

Student Signature

Parent Signature

Course Teacher

The student has returned the course book

Department Chairperson

Director of Guidance