

Override of a Course Recommendation

Student: _____

ID# _____

Counselor: _____

STEPS

1. The student speaks with his/her teacher about the recommendation for placement for next year.
2. The teacher completes the backside of this sheet to reflect the outcome of the meeting, indicates final recommendation and then signs the form.
3. The student meets with the Department Chair. Department Chair completes the backside of this form to reflect the outcome of the meeting, indicates his/her final recommendation and then signs the form.
4. The student takes this form home for parent/guardian comments and signature.

5. This form must be returned to the student's counselor by the registration meeting.

Date received: _____

Note: Unless this form is returned with necessary signatures by registration day, the student will be registered for the course and level that was originally recommended.



Request for Change in Course Recommendation

Recommended Course Placement _____

Requested Course Placement _____

Teacher Comments:

Teacher Signature: _____ Date: _____

Department Chair comments:

Department Chair Signature: _____ Date: _____

Parent/Guardian Comments:

- **I have read the teacher and department chair's feedback.**
- **Should my student experience academic difficulties in the course requested, I understand my student must remain in the course for the first quarter.**
- **I understand that if a level/course change is requested, the change is dependent on availability and master schedule.**

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