Mount Olive High School
Level Change Request Form

Name_________________________________ Grade/TAG Teacher____________________

Date_____________ Email address__________________________________________ Counselor Name______________________________

Course to Add ___________________________ Current Grade____________________

Course to Drop ___________________________ Current Grade____________________

Reason for Request (be specific)
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

For the student to complete: (MUST BE COMPLETED)

1. Have you spoken to the teacher directly about the reason you want to drop levels?
   ________________________________________________________________________________

2. Have you sought extra help for this subject? ______ If so, how often and from whom?
   ________________________________________________________________________________

3. Taken advantage of re-takes/re-do assignments, quizzes, tests in order to achieve a better grade?
   ________________________________________________________________________________

4. Do you have Missing Homework Assignments, projects?
   ________________________________________________________________________________

STUDENT SHOULD PRINT OUT A COPY OF THEIR CURRENT GRADES IN THE COURSE AND ATTACH TO THE LEVEL CHANGE REQUEST FORM. THIS WILL BE REVIEWED BY THE ADMINISTRATION BEFORE A FINAL DECISION IS MADE.

Parent Signature________________________________________________________

Counselor Signature_______________________________________________________

Teacher Signature_________________________________________________________

Student Signature_________________________________________________________

Office use only:

Approved_____ Not Approved_____

Date_______ Administrator Signature_________________________