

**REQUEST FOR LEVEL CHANGE 2017-2018**

**Student** **Grade** **Date**

**Class to drop/change**

**Class to add**

**Reason**

**Is this course dual enrolled?** **YES** **NO**

**Student signature**

**Parent signature**

**Teacher signature**

**I agree**  **I do not agree, please set up a meeting.**

**Department Chair signature**

**You will need to get all the required signatures and then return this form to your counselor.**

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