

2023-2024 Rocky Hill High School Course Level Change Request

As you complete this form please consider that selecting courses for next year should be a thoughtful process with the ultimate goal to create a balanced educational experience. Here are some important things to keep in mind when overriding a recommendation:

- You should be challenged by your courses, but not overwhelmed. It is more important to learn and be successful than to take the highest possible level.
- Take into account everything you do, remembering that you need to balance homework time with sports, other extracurricular activities, and time to relax with family and friends

Initial each bullet point after reading to acknowledge your understanding, then discuss the override with your parents and obtain signatures IN THE ORDER

responsibilityAs part of the change in levIf I am not su	en recommended for my desired class. My py for this request student pa e override process, I have been encouraged to el student parent accessful in the higher-level class, there is no apact my class rank and the opportunity to each last Name	rent o speak with my teacher, co	ounselor, and parents/guardia	uns regarding any concerns about thi
Student.	Last Name	First Name	Teal of Graduation	Counseior
Course:	Current Course Name, Level and Teacher	Semester 1 Grade	Recommended Course	Proposed Course Name
Your Motivation for this level change	Describe in 2-3 sentences why you are requesting a	course level change:		
Your Success Strategies	Describe in 2-3 sentences the steps you will take to	find success in the requested cou	rse:	
	Student and parent signatures below sl	nould not be signed until for	n is filled out completely (inclu	ding all initials).
	This form must	t be completed by	y February 10, 20	23
Student Signature:		Date:		
Parent/Guardian Signature:		Date:		

Date received in Guidance: __