

MS LEVEL CHANGE APPLICATION

Please type or print legibly

NAME: _____

DATE: _____

HR TEACHER: _____

HR #: _____

COURSE FOR WHICH YOU ARE APPLYING FOR A LEVEL CHANGE

(Please give a specific course title)

****Applications must be reviewed by June 1****

Interested students must see their guidance counselor or the appropriate department director for details. Applications, which are available in the guidance office, must be submitted to the mathematics director/ principal.

In order to help the mathematics director/ principal to assess this application, a student must complete all of the following steps. Please note that the level change process cannot be earned without prior approval of the mathematics director/ principal.

PART I:

Write an essay in which **ALL** of the following questions are answered:

1. Why are you requesting a level change?
2. Why do you believe you are qualified for a level change?
3. What do you hope to accomplish by using this option rather than earning credit by registering for the class?
4. After carefully considering the department's requirements for a level change, explain in detail how you plan to meet these requirements. What will the topic of your project be and how will you complete the project? (BE SPECIFIC)

Attach this essay to your application.

PART II: PARENT/GUARDIAN ENDORSEMENT

Parents/Guardians: Please comment on your feelings regarding this request. Please understand that your approval is part of a comprehensive process and is not an assurance that your child's request will be granted.

I understand all of the requirements of this process and do _____ do not _____ endorse my child's request for a level change.

Daytime Phone Number

Parent's/Guardian's Signature

over

PART III:

After completing Parts I and II, return this application (with your essay) to your guidance counselor who will attach a copy of your academic record and forward the entire application to the mathematics department director.

Counselor Comments:

Counselor's Signature

PART IV: MATH DEPARTMENT DIRECTOR RECOMMENDATION

I do_____ do not_____ recommend approval of this request.

Comments:

Math Dept. Director Signature

PART V: PRINCIPAL'S DECISION

_____ APPROVED

_____ APPROVED WITH THE FOLLOWING MODIFICATIONS:

_____ NOT APPROVED

Principal's Signature