## HALLS HIGH SCHOOL – REQUEST to DROP AP/HONORS COURSE

Request for change in academic rigor / course level

Student's Name:		Grade Level:	
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My signature below indicates my awareness of the level change requested. I am aware of the possible educational implications of this request. I understand it is contradictory to the previous teacher's recommendation, which was based on the level of courses that were indicated by my academic performance and potential thus far. I take full responsibility for this decision if this request is granted. If changes are granted, I understand that I will be required to remain in the assigned class until the end of the semester. **Ultimately, this decision will be made by Halls High Administration and submitting this form does not guarantee the request will be approved.** 

Student's Signature:	Date:	Email:	
Parent's Signature:	Date:	_Email:	
Requesting recommended course	e/level change of		
	to		
Reasons for requesting this change	(be specific):		
Teacher Signature:	Date:		Agree/Disagree
Counselor Signature:	Date:		Agree/Disagree
Counselor Comments:			
Administrator Signature:	Date:		Agree/Disagree