

EAST LYME HIGH SCHOOL
COURSE CHANGE FORM



Student Name: _____

Grade: (circle one) 9 10 11 12

I would like to (select one option below):

- Change Course Level
- Drop a Course
- Override a Course
- Add a Course

This form is available in the School Counseling office.
The appropriate sections MUST be completed in their entirety.
Please return completed form to the School Counseling office.

Course(s) requesting to drop: _____

Teacher signature (class drop): _____

*If a student moves down a level, 10 points will be added to his or her grade if the student has completed a majority of assigned work, sought extra help, and has received recommendation from a teacher. Students who override course recommendations are not eligible for added points with a level change. **Teachers:** If you recommend a 10 point addition please initial here: _____.*

A class drop will not be allowed if it causes you to drop below the minimum credits required by the school (6.5 credits for students in grades 9-11 and 6.0 credits for students in grade 12). Changes are pending on a space availability basis as well as teachers, counselors, and parent approval for change(s). If there is a level change, the new course will replace the original course on the transcript. Students who drop a class after October 1 (March 1 for second semester) will receive a WF on their transcript.

Course(s) requesting to add/alternate level request: _____

Teacher signature (class add): _____ Date: _____

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Administrator signature: _____ (Required for WF appeal process only)

Complete This Section For Override

Reason(s) for request: _____

Student signature: _____ Parent Signature: _____

Teacher signature: _____ Date: _____

*(indicates discussion via phone or in person took place between teacher and parent. **Does not indicate agreement.**)*

Completed by School Counselor

Schedule change made

