

Level/Course Change

DATE _____

During Semester and within Department: English, Foreign Language, Math, Science, Social Studies

THE GRANTING OF A LEVEL CHANGE MAY CAUSE OTHER CHANGES IN THE SCHEDULE.

LEVEL/COURSE CHANGES WILL ONLY BE MADE IF SPACE IS AVAILABLE IN ALL CLASSES IMPACTED BY THIS REQUEST.

STUDENT NAME (PRINT) _____ **I.D.** _____ **COUNSELOR** _____

Are you involved in an IHSA sport or sanctioned activity? Yes _____ No _____

Athletes- Please review IHSA rules and regulations, including that you are required to pass five (5) classes each semester in order to play.

CHANGE FROM

COURSE: _____ LEVEL: _____ TEACHER: _____ PERIOD: _____

CHANGE TO

COURSE: _____ LEVEL: _____

STUDENT MUST OBTAIN SIGNATURES INDICATING APPROVAL IN THE ORDER LISTED BELOW

STUDENT 1. _____ DATE: _____

TEACHER 2. _____ DATE: _____

DEPARTMENT CHAIR 3. _____ DATE: _____

PARENT 4. _____ DATE: _____

RETURN COMPLETED FORM TO COUNSELOR _____ (counselor initials)

Counselor will submit schedule change when level change is approved

DEPARTMENT CHAIR	ROOM NUMBER	EMAIL
David Jackson- Science/Math	222	DJackson@psd202.org
Dan Vergo- English/Social Science	422	DVergo@psd202.org
Cindy Egizio -World Lang/Fine Arts	324	Cegizio@psd202.org
Adam O'Reel- P.E./Drivers Ed/Health	192	AOREel@psd202.org
Kenneth Holowczak / SPED	112	kholowcz@psd202.org