Request Change of Level Form

(Requests can only be made before the term start date, or during the first week of classes)

Name: 
Student ID#: 
Phone: 
Email: 

Term you are making request for:  
Fall 1 □  Fall 2 □  
Sp 1 □  Sp 2 □  
Su 1 □  Su 2 □  
Year: _______

Request to move from _________ to _________.
level                                      level

Reason for request (check all that apply):

□  Dyned score
   If selected, what was your score? _________

□  Class performance

□  I took a different test and my score suggests I should be in a different level
   If selected, which test? __________________________
   What was your score? __________________________
   (Documentation/proof is required and should be attached to this form.)

□  Teacher suggested I change levels
   If selected, what is the teacher’s name? __________________________

□  Other reason (please explain):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Forms will be reviewed at the next teacher’s meeting. Teachers meet once a week on Wednesdays. You will receive a written decision. This decision is final.

Signature: ____________________________  Date: _____________