

Ocean Township High School Consideration for Level Change

Name: _____ Date: _____

Counselor: _____ Current Grade: _____

Requested Course Name/Level: _____

Current Recommended Course Name/Level: _____

☐ I am aware that at this point **I do not** meet the rubric guidelines that indicate this course is academically appropriate, based on factors including: grades, work ethic, specific subject, reading, writing, and/or critical thinking skills required.

☐ I also understand that the deadline for submission of the Consideration for Level Change is **May 2, 2025** to my school counselor. However, it is beneficial to submit this form to your school counselor as soon as possible.

☐ I am aware that a decision letter will be sent home the week of **May 12, 2025**

(Please acknowledge above by putting an X in each box)

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent's Phone _____

Parent's Email _____

Counselor's Signature _____ Date _____

FOR OFFICE USE ONLY

A _____ D _____ Initial _____ Date _____