

Science Level Change Form

Name: _____ Date: _____

I am requesting a level change from

Current class: _____

to

New class: _____

I understand that my grade will be calculated on a weighted scale based on percentage of days of the trimester that I spent in each class. I will be graded only on subsequent work in my new course, but be responsible for all of the content of the course in terms of future tests/quizzes and the final exam.

All parties must sign below to authorize the transfer. The current teacher needs to print an individual grade sheet for the student and attach it to this form.

Student: _____ Date: _____

Current teacher: _____ Date: _____

New teacher: _____ Date: _____

Parent: _____ Date: _____

Counselor: _____ Date: _____

Department Head: _____ Date: _____