

**New Albany High School
Course Request Appeal Form**

Date Requested: _____

Student Name: _____

Student ID: _____ 2019-20 Grade Level: 9 10 11 12

Email Address: _____

For eligibility purposes, are you an athlete? _____ No _____ Yes - If Yes, What sport(s) do you play?

(To meet OHSAA eligibility requirements, you must be passing a minimum of five (½) credit classes per semester (PE classes are ¼ credit each).)

Following are the criteria for a course to be changed. Your request must meet one or more of the following criteria in order for changes to be made.

_____ **Academic Misplacement:** I am placed in the wrong level of class (Honors/AP vs. regular pace), or am placed in a class without meeting the prerequisite (placed in chemistry without passing biology first).

_____ **Program Change:** I have been accepted into an academic program or the student is no longer enrolled in a specific program of study (examples: Eastland/Fairfield, Pathways, Mosaic)

_____ **Missing an Academic Class:** I am missing a core class such as English, history, math, or science.

_____ **Missing a Graduation Requirement:** I am missing a course necessary to graduate in the upcoming school year.

_____ **Balancing Study Centers:** I have 2 study centers in one semester and none in the other.

_____ **None of the above, apply. I would like to request a change, however, I understand it may not be approved at this late time. I will explain my rationale on the back.**

Note to Seniors: A required PE course may be dropped from your schedule only if you provide proof of completion via summer school transcript or your pe waiver form has been completed and turned in to the Athletic Office.

DEADLINE TO TURN IN COURSE REQUEST APPEAL FORM IS August 21, 2019.

Course to Drop: _____

Course to Add: _____

PLEASE EXPLAIN IN DETAIL THE CHANGE/CORRECTION YOU ARE REQUESTING:

Return this completed form with parent/guardian signature to the guidance office and a schedule change review committee will approve or deny your request. You will be notified when this process is complete.

Student Signature _____

Parent Signature _____

If this is an academic misplacement request, a current teacher signature in the content area in question will further support your request. Please secure teacher signature by Wednesday, August 22.

Teacher Signature _____

Students on IEPs should consult first with their case manager prior to submitting a course request appeal form.

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Disapproved by committee because:

- ____ Does not meet schedule change policy ___ Period conflict
____ Course was requested and verified ___ Cannot change teachers
____ Class requested is full

Notes: _____

Date Contacted: _____ Initials: _____