

**Cedar Crest High School
Counseling Office
Course Override Form**

Student Name:	Grade: (current)	Counselor:
Parent/Guardian Name:	Phone #:	

I understand that the following course was recommended for my student.

Course originally recommended by teacher	Recommending Teacher Signature *Signature does not mean approval by teacher.	Date of meeting with teacher to discuss recommendation.

Students are encouraged to challenge themselves by taking rigorous courses in which they have demonstrated full understanding of the preparatory skills. However, due to the rigors of the upper level course, we want to fully disclose the determination that students will need to demonstrate in order to be successful in the upper level classes.

Students will not be considered for movement to a lower level (recommended) course without:

1. conferring with his/her counselor;
2. developing an improvement plan; and
3. accessing resources and opportunities for assistance.

**I am requesting that my student be registered for the following course
in place of the recommended course.**

By signing below, we acknowledge the disclosure of course rigor and wish to proceed.

Course Requested by Parent/Student

I understand that if my student elects to override current teacher or district recommendations, he/she may not withdraw from the course due to academic difficulties **without following all steps outlined above.**

Parent/Guardian Signature

Date

Student Signature

Date

Counselor Signature

Date

**This form must be completed with parent/guardian signature in order for a student to be registered against teacher recommendation. Submit form to student's counselor.*