

**HINGHAM HIGH SCHOOL  
COUNSELING DEPARTMENT**

**Director K - 12**  
Heather Lewallen



**Counselors**  
Mark Awdycki  
Jessica Gawel  
Erin Krall  
Verna Mulready  
Cheryl Rapoza

**HINGHAM HIGH SCHOOL  
REQUEST FOR COURSE LEVEL CHANGE**

Student Name: \_\_\_\_\_ YOG: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Counselor: \_\_\_\_\_

Department Directors have the final decision on all course level changes. Each request must be signed by the student, parent or guardian, current teacher, Department Director, and school counselor. If a change in level is to occur after the first five weeks of the course, a withdraw pass (WP), or withdraw fail (WF), will appear on the student's transcript.

Current Course: \_\_\_\_\_  
Teacher signature: \_\_\_\_\_  
Comment: \_\_\_\_\_

Requested Course: \_\_\_\_\_

Original Course Recommendation: \_\_\_\_\_

Current Grade: \_\_\_\_\_  
Term: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Department Director signature: \_\_\_\_\_

Counselor signature: \_\_\_\_\_

Request Approved:  Yes  No Book Returned: \_\_\_\_\_