



# Leicester High School

## Request for Override of Teacher Recommendation

Students who would like to enroll in a course not recommended by their teacher should complete this form and turn it into their guidance counselor. **All of the following fields** must be completed.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year of Graduation: \_\_\_\_\_

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

Guidance Counselor: \_\_\_\_\_

Recommended Course/Level: \_\_\_\_\_

Requested Course/Level: \_\_\_\_\_

This course is a course for which academic year? (circle one)

Freshman year

Sophomore year

Junior year

Senior year

Counselor Comments:

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Student Comments:

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**Override requests will be considered on a space available basis. Your request may not be honored if the course is at its maximum enrollment.**

**I understand this override of my teacher recommendation is binding. I will not be moved back to my teacher recommended level once placed in the requested course.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Guidance Counselor Signature