



**Bellaire High School**  
**Counseling & Guidance Department**  
**Level Change Request Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Phone # \_\_\_\_\_ HISD Email \_\_\_\_\_

Level Change Requested

From Course: \_\_\_\_\_

To Course \_\_\_\_\_

Current Average: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

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

Circle Your Counselor: Stubbins (A&B) Day (C,I,J) Ray(D,E,F,&O) Deloach Jackson (G&H) Magilke (K&L)  
Fernandez (M&N) Hill (P,Q,R) Davis (S & T) Lawler (U - Z) Vides (ESL Students)



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