



**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) Rodriguez (ESL Students)



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