



**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,O,U) Ray(C,D,E,Y) Lawler (F,G,H) Magilke (I,J,K,L) Fernandez (M,N, W)

Hill (P,Q,R,X,Z) Davis (S ,T,V) Olguin (EB STS\_ A-L) David (EB STS\_ M-Z)



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