

Form 5
Albert Career School
CLASS/LEVEL CHANGE REQUEST
STUDENT APPEAL

Current Date: _____
Family Name: _____ **First Name:** _____
Phone #: _____ **Email:** _____
Student ID#: _____ **Level:** _____ day evening alternate

SELECT REQUEST TYPE

- CLASS/LEVEL CHANGE REQUEST** Initiated by: _____
- ____ *Schedule Change*
ESL Level remains the same, request change to time of classes: ___ day ___ evening ___ alternate
(Approval is based on availability of appropriate class)
- ____ *Level Change*
All level change requests must be received by the 2nd week of the semester. All level change requests whether initiated by the student or an instructor must be verified by 2 of the students current instructors. A detailed reason must be included. Request Change to: _____
- Instructor 1** _____ ___ agree ___ disagree
Detailed Explanation _____

Signature: _____ Date: _____
- Instructor 2:** _____ ___ agree ___ disagree
Detailed Explanation _____

Signature: _____ Date: _____

The Instructors have discussed the above reasons with the student.

Student Signature: _____ Date: _____

DSO DECISION ___ Denied ___ Approved assigned to class: _____ effective: _____

Assigned to: _____

- APPEAL** (Attach a letter explaining what you are appealing and why, and your supporting evidence)

- ____ Initial Level Placement
Explain: _____
- ____ Grade (instructor and student unable to resolve) Class: _____ Instructor: _____
- ____ Warning/Probation/Termination
- ____ School Policy Policy Name: : _____
- ____ Other _____

This will certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement may result in the termination of my I-20 and/or legal action

Student Signature: _____ Date: _____

The School Director will provide a written response to your appeal.