



Placement Appeal Form

Cochrane High School

Student Name	Course Requested	Prerequisite Course and Mark and Teacher Name

Please complete this form only if you wish to register for a course in which you did not meet the required prerequisite's recommended level of achievement.

The purpose of this form is to determine the best course selection to maximize future success.

Please review the request with your parents and have them sign and complete their portion. After discussion with the student, parent and school staff, students will be placed in an agreed upon course. Through the semester, we will continue to monitor student progress to ensure that the student is meeting expectations.

I failed to make the desired mark in the prerequisite course because

I plan to do the following in order to be more successful

I plan to support my daughter/son in the following way

Student Signature _____

Parent Signature _____

Guidance Counsellor Signature _____

***Return form to Student records

Appeal Status:	
Approved	Denied
Semester 1	Semester 2
Date: _____	
Administrator Signature: _____	