

PINELANDS REGIONAL SCHOOL DISTRICT  
2012/2013 COURSE SELECTION APPEAL FORM  
DEPARTMENTAL REVIEW

**Student Name** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_ **Counselor** \_\_\_\_\_  
**Current Grade** \_\_\_\_\_ **Requested Class** \_\_\_\_\_

By completing this form, you do not meet the criteria outlined in the Program of Studies to request a specific course. Please complete this form to request a departmental review. Preliminary placement in core courses is based upon student's cumulative grades and standardized test results at the time of registration. Students not yet enrolled in an Honors, AP or College Prep program must meet the published criteria in order to be eligible for inclusion in that program. Students currently enrolled in an Honors, AP or College Prep program course must maintain the published criteria in order to remain in an Honors, AP or College Prep Program. In the event that a student's cumulative average does not meet the published criteria by the end of the third marking period, the student may request a departmental review. Forms will be available in the Guidance office.

The departmental review process is collaborative in nature, including those faculty members who have first-hand knowledge of the student. Additionally, a district supervisor and a building administrator will be present at each review. Decisions reached during the departmental review process are final. All students who requested a departmental review will receive written notice of the review decision.

**Parent/Guardian:** Briefly explain why you believe your child should be placed in the specified course:

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*I accept responsibility to prepare my child for success. I understand that if my child does not meet the criteria, but is appealed into the specified course, it may not be possible for them to drop the course and it may also affect their graduation progress and/or they may become ineligible to participate in activities if failure of course occurs.*

**Student:** Briefly explain why you want to be placed in the specified course:

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Date submitted for review: \_\_\_\_\_ Final Grade \_\_\_\_\_ Appeal needed:  Yes  No

Date submitted for appeal \_\_\_\_\_ Appeal Request Approved:  Yes  No

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_