



Manhasset Public Schools

Manhasset Secondary School

2019-2020 REQUEST FOR COURSE OVERRIDE (Deadline: May 6, 2019)

Student's Name/Grade

Counselor

I am interested in an override for the 2019-2020 school year from:

Course Name of Original Placement

TO

Course Name of Requested Override

My parents and I have reviewed and discussed the override policy and are aware of the following:

1. Only one override is allowed per year.
2. The student must have a minimum final average of a "B" in his/her current course, and meet all pre-requisites, in order for the override to be processed.
3. The student must remain in the course for at least the 1st quarter of the school year and complete all assessments.
4. The 1st quarter grade will be a factor in the determination of the final grade.

Student's Signature: _____ Date: _____

Student's Name (Please print): _____

Parent's Signature: _____ Date: _____

Parent's Name (Please print): _____

Home #: _____ Work #: _____ Cell #: _____

Address (Please print): _____

*Parent: Please forward this completed form to the MS Counseling Center (for Grade 8 students) or the HS Counseling Center (for students in grades 9-11) by May 6, 2019 at 3:15pm. **Under no circumstances will forms be accepted after May 6th.***

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Date Received: _____

Counselor Signature: _____ Date: _____

Please forward this completed form to the HS/MS Counseling Center as soon as possible.