



School Counseling Department
184 Hancock Road • Peterborough, NH 03458
Tel: 603-924-4120 Fax: 603-924-2325

Student Placement Request

Student Name

Student ID

Year of Graduation

Course requested

Course recommended by team

Meeting Date

Team Members Present

Meeting Notes:

We request the above student be allowed to enroll in the above course despite not meeting the prerequisites as outlined in the Program of Studies. We understand the following:

- Student progress will be evaluated by the teacher during the first four weeks of the course. If the student is not demonstrating success, a schedule adjustment may be made.
- Comparable courses may not be able to be scheduled given the constraints of the master schedule.
- Students who drop a class after this time will receive a WF on their transcript and a grade value of "0" will be averaged into their grade point average unless an exemption is approved.

Student Signature

Date

Parent/Guardian Signature

Date