



## Teacher Recommendation Override Form

Student: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Current Date: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

Teacher Course Recommendation: \_\_\_\_\_

Reason for Teacher Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

**Recommendation Override Request:** \_\_\_\_\_ **For School Year:** \_\_\_\_\_

By signing this Recommendation Override Request form, we understand that:

- The student will remain enrolled in this course until the end of the school year regardless of grade or workload;
- The teacher will not work above and beyond what they normally would to assist students in the course;
- We agree to assume full responsibility for finding and compensating any tutor that may be necessary.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this completed and signed form to the student's counselor.