



## GPA EXEMPT COURSE APPLICATION

| STUDENT INFORMATION  |       |                                |
|--|-------|--------------------------------|
| Student's Name Last  | First | MI                             |
| Course Requested as GPA Exempt   |       | Circle Grade Level<br>10 11 12 |
| <ul style="list-style-type: none"> <li>I understand that once I take a course as GPA Exempt the decision cannot be changed.</li> <li>I understand that I must meet all of the criteria and must have taken the prerequisite course to be eligible to take the above course as GPA Exempt this year.</li> <li>I have read and agreed with all criteria/policies stated in the GPA Exempt Courses Information Brochure.</li> <li>A separate form must be submitted for each course.</li> </ul> |       |                                |
| Student's Signature  |       | Date                           |

| APPROVALS / SIGNATURES REQUIRED  |       |      |
|--|-------|------|
| Parent/Guardian (PRINT) Last   | First | MI   |
| Parent/Guardian Signature  |       | Date |
| Teacher (PRINT) Last   | First | MI   |
| Teacher Signature  |       | Date |
| <b>Return this form to your counselor by the end of the third (3<sup>rd</sup>) week of the semester.</b> |       |      |

| COUNSELOR APPROVAL     |       |      |
|------------------------|-------|------|
| NOTES:                 |       |      |
| Counselor (PRINT) Last | First | MI   |
| Counselor Signature    |       | Date |