

# GPA EXEMPT COURSE APPLICATION



STUDENT INFORMATION	
Student's Name Last First MI	Circle Grade Level 11 12
Course Requested as GPA Exempt	
<ul style="list-style-type: none"> <li>I understand that once I sign up to 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 necessary previous years of this 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> </ul>	
Student's Signature	Date

APPROVALS/SIGNATURES REQUIRED	
Parent/Guardian (PRINT) Last First MI	
Parent/Guardian Signature	Date
Teacher (PRINT) Last First MI	
Teacher Approval/Signature	Date
Return this form to your counselor by the end of the second (2nd) week of the semester.	

COUNSELOR APPROVAL	
NOTES:	
Counselor (PRINT) Last First MI	
Counselor Approval/Signature	Date