

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">I understand that once I sign up to take a course as GPA Exempt the decision cannot be changed.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.I have read and agreed with all criteria/policies stated in the GPA Exempt Courses Information Brochure.	
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