

Return this Form to your Counselor by the end of the Third (3<sup>rd</sup>) Week of the Semester



## GPA EXEMPT COURSE APPLICATION

### Student Information

_____	_____	_____	_____	10	11	12
Student's Name: Last	First	MI	Student ID:	Grade Level		
Course Requested as GPA Exempt: _____						
<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><li>• I understand that I must be in my 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> full year of continuous enrollment in the same program.</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: _____		

### Counselor Approval

#### Notes:

_____	_____	_____
Counselor (Print) Last	First	MI
Counselor Signature: _____ Date: _____		