

## Course Elective Request Form

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

*I request that the above named student be granted admission to the following course:*

Course Name: \_\_\_\_\_ Track (If applicable): \_\_\_\_\_

*I understand that this course is being chosen by the student for the 2018-2019 school year. I realize that admission to the course will only be granted if the student meets all prerequisites, course availability, and at the discretion of the Assistant Principal for Academic Affairs. I understand that should my child be granted admission to the above course he/she will not be permitted to drop the course for any reason once admission to the course is granted.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above named student may be considered for the designated course (REQUIRED)*

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to the Office of Academic Affairs by May 7, 2018.**

**Attach to Course Selection Sheet**