



ELECTIVE COURSE FOR MAJOR CREDIT 2016-17

Contract deadline: First Semester September 30, 2016, Second Semester February 17, 2017

Please print legibly in ink.

Student's Name _____ ID# _____ Adviser _____

Class: FR SOPH JR SR

Department: *Please check one:*

Applied Arts _____ Art _____ Business Education _____ Music _____ Speech and Theatre _____

Course Name _____ Section/Period _____

Office Use Only (level): _____

Please discuss the request with the adults listed below. Signatures and approval should be gathered in the order indicated. The requirements for your specific course are either attached, available on the department website, the class Canvas site, and/or from the instructor. These are self-directed assignments and the student is responsible for meeting all deadlines with limited supervision by the instructor.

1. Student Signature: _____ Date: _____

2. Adviser Signature: _____ Date: _____

Adviser Comments:

3. Parent: _____ Date: _____

4. Case Manager (if applicable): _____ Date: _____

5. Private Music Teacher (if applicable): _____ Date: _____

6. Elective Teacher: _____ Date: _____

Elective Teacher Comments:

Please submit this application to the Department Chair or Coordinator's Office

For Administrative Use _____

Assistant Principal for Administrative Services _____ Date _____

Copies: Registrar (original copy), Department Chair/Coordinator, Adviser, Assistant Principal