

Name: _____ High School: _____

Semester & Course Information

(To be completed by High School Counselor)

Course(s) wanted to enroll for:

Year: _____

Check One Term: Fall Spring Summer I Summer II

Course	Section	CRN

Current high school courses and grades:

Course: _____	Grade: _____	Course: _____	Grade: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Counselor Signature: _____ Date: _____

Additional pages or documentation may be attached if needed.

FOR OFFICE USE ONLY

Date Appeal Form Received: _____ Is form complete? Yes No

Recommendations from Committee:

Committee Review Date: _____ Appeal Approved? Yes No

Student Notified on: _____