

Ambridge Area School District – Course Request Form Additional



mark and description			March 1
Student's Name:		Grade:	
Course Requested:			
Teacher Signature:			
Teacher Signature:			
WHAT IS THIS FORM AND WHY DO	YOU NEED TO COMPLETE I	т?	
This form is used when students cho purpose of the form is threefold:	ose to take a course for wh	nich they are required to meet recommended guideline	s. The
Provide students a means for under their general elective		n they are required to meet pre-requisites and are not I	isted
 Ensure all pre-requisites had Ensure student's and paren 		standing for graduation and have met all above require and request	ements
STUDENT & PARENT SIGNATURES	AT THE BOTTOM INDICATE	S UNDERSTANDING OF THE FOLLOWING:	
 Student has met all pre-req 	uisites and requirements		
•	·	ading, writing, research, summer work and projects.	
 A high level of academic int work as a study/work time 	- '	dents, but particularly of students in classes to maintair	ı the
Student's <u>Initials</u> Parent's <u>Init</u>	ials I understand that		
		de longer periods of study time and extra tutoring.	
	I agree to proactively	y communicate with & seek help from the teacher.	
	I agree to practice th	ne highest level of academic integrity.	
I understand the st		tudent will not be removed from the course once	ة
		nust be completed for a final grade.	
	I understand this for	m will be retained by the school for future reference.	
"W-F" will appear on the transcript a received.		grade in that subject will be "W-F" or "Withdrawn-Failing e point average as an "F" (0 quality points) and no credit	
STUDENT COMMITMENT		PARENT/GUARDIAN COMMITMENT	
I am requesting that I be enrolled in course(s) for which I		Requesting that my child be enrolled in course(s)in whe/she meets the recommended guidelines and:	vhich
have met the recommended guidelines. I am making a commitment to discipline myself with time management to		Monitor progress and ensure extra study time, study	, and
study and complete work habits while in the course. I		resources, tutoring and other needed support. I will	
proactively participate in tutoring and keep open		proactively communicate with the teacher to help er	
communication with my teacher about any questions or		my child's success in the requested course(s).	
concerns. I understand and agree	that I will		
not be removed from the class once	enrolled.	*I understand and agree the student will no	t be
		removed from the class once enrolled.	
Signature:	Date:	Signature:Date:_	
School Use Only:			
School Counselor Signature		Date:	
Teacher of Record Signature: _		Date:	