

Application and Approval to Enroll in a Pass/Fail Course

Student Name _____ Date _____

ID# _____ Grade Level 11 12
(check one)

I am requesting enrollment in the following pass/fail course(s):

1) _____ Class Period _____

I have spoken to my counselor to determine eligibility, and I understand how a pass/fail course will affect my eligibility for honor roll, class rank, UIL participation and other school- approved activities which have a grade requirement. I further understand that failing to earn the additional credits, 23rd and 24th credits for the Foundation Program or 27th and 28th credits for the Foundation+ Endorsement Program will cause this course to be calculated in my grade point average (GPA).

Student's Name- Please Print

Date

Student's Signature

Date

Teacher or Department Chair's Signature

Date

Parent's Signature

Date

Counselor's Signature

Date