

**SAINT HUBERT CATHOLIC HIGH SCHOOL FOR GIRLS
2019-2020 COURSE EXCEPTION FORM**

Student's Name: _____ Student #: _____ Section: _____

Requested Course Name/Track: _____ Course #: _____

Date Submitted: _____

Reasons: _____

The *Course Selection Form* lists the courses recommended by St. Hubert's teachers and academic departments based on the student's ability and past performance. All courses listed on the *Course Selection Form* are available without additional approval from school personnel. This form is to be used to request a course not listed on the *Course Selection Form* (including a change of track). If you have already requested change you do not need to fill out this form. If the Department Chair's recommendation is counter to the parental request, the Assistant Principal for Academic Affairs will make the final decision.

1. The student completes only the top portion and submits the form to the appropriate teacher by March 19, 2019. If the request is for a department in which the student is not currently enrolled, the form is to be given directly to the department chairperson.
2. The teacher completes their recommendation and gives the form to the department chairperson who completes the Department Recommendation. The department chairperson will review the form and will return it to the Academic Affairs Office.
3. When the student receives the form back from the Academic Affairs Office, a parent/guardian and the student must sign below to indicate that they are aware of the school's recommendation.
4. The student will return the **signed form** for final review by the Academic Affairs Office by **March 29, 2019**.

TEACHER RECOMMENDATION

_____ Approved _____ Not Approved

Teacher's Comments _____

Teacher's Signature _____ Date _____

DEPARTMENT RECOMMENDATION

_____ Approved _____ Not Approved

Department Chairperson's Comments: _____

Department Chairperson's Signature: _____ Date: _____

Our signatures below indicate that we have reviewed the department's recommendation and accept full responsibility for a choice made contrary to that recommendation. **We understand that if the course is assigned and our daughter experiences difficulty with the course, she may not change tracks nor drop the course.** Furthermore, we recognize that this is a request and that class size, among other factors, may prevent our daughter from taking the course requested.

Date: _____ Student's Signature: _____

Parent's/Guardian's Signature: _____