**Application and Approval to Enroll**

**in a Pass/Fail Course**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Date |  |
|  |  |  |  |
| ID# |  |  | Grade Level | 11th  or 12th |
|  |  |  |  | *(circle one)* |

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

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have spoken to my counselor to determine eligibility, and I understand how a pass/fail course will affect my eligibility for UIL and other school-approved activities as well as my class rank.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student’s Signature |  | Date |
|  |  |  |
| Teacher or Department Chair’s Signature |  | Date |
|  |  |  |
| Parent’s Signature |  | Date |
|  |  |  |
| Counselor’s Signature |  | Date |