

# ONLINE COURSE REQUEST FORM

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School District: \_\_\_\_\_

Title of the Online Course which you are requesting: \_\_\_\_\_

\_\_\_\_\_

Provider of the Online Course which you are requesting \_\_\_\_\_

\_\_\_\_\_

Semester in which you are requesting to take the Online Course \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## School Use Only

Name of District Representative Reviewing the Request: \_\_\_\_\_

Title of District Representative Reviewing the Request: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ The School District will approve the request

\_\_\_\_\_ The School District are denying the request

If the Request is Denied, Please Site Reason for Denial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_