

# Request for Exemption from Automatic Re-Enrollment to Regain Academic Honors Status

(Note: this form must be received within 10 days of final grade notification.)

1. Name \_\_\_\_\_

2. Date \_\_\_\_\_

3. Please provide the following information:

a. What course are you seeking to be exempted from next year?

b. What grade did you receive in this course?

c. Why are you seeking exemption?

d. What actions will you take to regain Academic Honors status?

4. You and your parent or guardian must sign this form.

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

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For office use only

1. Date received by counselor's office:

2. Action taken by the Curriculum Committee:

3. Date student and parent notified of decision: