



Counselor's Office
(318) 364-5075

REQUEST FOR CORRESPONDENCE COURSE

* Prior approval is required for all correspondence courses. Core classes must be taken at Caddo Magnet High School *

Student Name: _____

Current Grade Level: 9 10 11 12

Name of class: _____

Correspondence course program (i.e. BYU or LHSCC): _____

Dates the class will be taken: _____

Reason for requesting the correspondence course (be descriptive): _____

Student Signature

Parent Signature

Date

Date

Note: Prior to submitting this form to your counselor, you must attach an updated copy of your IGP along with the correspondence course description.

For Office Use Only:

- Updated IGP
- Correspondence Course Description

Date submitted to counselor: _____

Counselor: _____

Approved

Not Approved

Principal Signature

Date