



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 correspondence class: \_\_\_\_\_

Correspondence course program (i.e. *BYU or LHSCC*): \_\_\_\_\_

Dates the class will be taken: \_\_\_\_\_

Reason for requesting the correspondence course (*detailed description is required*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Note: Prior to submitting this form to your counselor, you must attach a copy of the correspondence course description.

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For Office Use Only:

Correspondence Course Description Reviewed: \_\_\_\_ Yes \_\_\_\_ No

Date Submitted to Counselor: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

\_\_\_\_ Approved  
\_\_\_\_ Not Approved

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date