REACH Program
Request for Exception

Student Information
Name ___________________________ School: ___________________________ Grade: 9 10 11 12

Course Information
Name of Course ___________________________ Teacher Name ___________________________

Course offered (Check all that apply): School Year

☐ First semester
☐ Second semester
☐ Year Long

Request for Exception
☐ Request approval to allow 9th or 10th grade students in the above listed REACH Course
☐ Request approval to enroll a student in a course above their placement level
☐ Request approval to enroll a student in a course for no credit (credit cannot be awarded at a later date)
   ☐ Foreign Exchange Student (no explanation required)
   ☐ Other (explain below)

Reason for Request
Please explain the reason for this request. This portion can be completed by either a school staff member, or the student as determined by school policy. ☐ Staff ☐ Student
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High School Approval
Statement of Support: ____________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
Designee Signature ___________________________ Title ___________________________ Date ______________

Parent/Guardian Signature required (determined by school district): ☐ Yes ☐ No
I understand the student above wishes to take a college course. I understand the student’s grade will be on their permanent college transcript. I support the student’s enrollment in this course. __________________________________________________________

Parent/Guardian Signature ______________________________________________________

Prior to student registration, return form to: Theresa Ireland – theresa.ireland@mnwest.edu

For Office Use Only
☐ Approved Dean of Institutional Effectiveness ___________________________
☐ Denied Date ______________

6/11/2019