

# Honors Credit

THIS FORM MUST BE TURNED IN TO THE COUNSELING OFFICE  
WITHIN TWO WEEKS OF THE BEGINNING OF THE SEMESTER.

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

Please Print

I would like to receive honors credit in: \_\_\_\_\_

The class meets during \_\_\_\_\_ hour.

I understand that I am expected to master challenging material and do more work because I will be graded on a 5-point scale. I **cannot** change this honors designation until after the end of the semester. My signature indicates that I have discussed this with my teacher and I understand what is expected of me.

\_\_\_\_\_  
Student's Signature

My signature indicates that I understand that this course will require more work and effort on my child's behalf and I fully support his/her decision to challenge himself/herself to this level.

\_\_\_\_\_  
Parent's Signature

Your signature indicates that you have discussed the extra work that will be required with the student. Return this form to the counseling office within two weeks of the beginning of the semester so that a separate class can be created for the student.

\_\_\_\_\_  
Teacher's Signature