REQUEST TO ENROLL IN A BlendEd COURSE

Student’s Name: ___________________________                                                Grade Next Fall: ______________

1. **REQUEST**: Please initial each agreement below.

   _____ I have been informed of the guidelines for taking a semester elective course with the Bay Area BlendEd Consortium.

   _____ I am aware that BlendEd semester elective courses have unique technology and attendance requirements and that they follow an academic calendar independent of MA’s calendar which could include work over minicourse or spring break.

   _____ I understand that BlendEd courses have 3 to 5 off-campus face-to-face meetings that are required.

I request the following BlendEd courses in the ranked order demonstrated below:

FALL Courses:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

SPRING Courses:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

2. **RATIONALE**: My reasons for wishing to take this course are as follows:

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

3. **PRELIMINARY APPROVAL**: (The decision to grant final approval will be made at the end of the semester by the Advisor/AC, Class Dean, Site Coordinator, and the Academic Dean.)

I have discussed this request with my parents, Advisor/Academic Counselor, Class Dean, Site Coordinator, and the Academic Dean. Their opinion on this request for preliminary approval is indicated below:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Maybe*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Student’s Signature: ___________________________ Date: ________</td>
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<td>Parent’s Signature: ___________________________ Date: ________</td>
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<td>AC’s Signature: ___________________________ Date: ________</td>
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<td>Class Dean’s Signature ___________________________ Date: ________</td>
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<td>Site Coordinator’s Signature: ___________________________ Date: ________</td>
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<td>Academic Dean: ___________________________ Date: ________</td>
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* Please provide an explanation for a “maybe” response on the back of this form