

Application for Permission to Take 6 Academic Major Classes

Please return this application to your Guidance Counselor by April 7th

Name: _____

Date: _____

Grade: _____

Counselor: _____

List **all** courses requested for next year and their levels:

We recognize the amount of work students have on a daily basis and we want to ensure that students are prepared to handle the additional work that a 6th major would require. Students requesting a 6th Academic Major need to take the following factors into account:

- Amount of homework you currently have
- Outside activities/sports
- Academic strength in this subject
- Academic interest in this subject
- Your current stress level
 - Do you have ways for addressing your stress level?

1. Please briefly state the reasons why you would like to take 6 major academic classes:

2. What is your plan if, during the school year, you are not as successful as you would like to be?

3. Are you currently taking 6 majors?

Your guidance counselor and the Department Program Directors will review your request. They will review your academic records and make a determination.

In the event you do not agree with the decision please contact Ms. Capodanno, Director of Guidance at 781-275-1700 ext 1135.

Student Signature:

Parent Signature:

Parent email:

For office use only:

Decision- _____

Date parent and student notified: _____

By whom: _____