

Katy Independent School District
Petition for KAP/AP Course Exit

Student's Name: Last	First	Middle	Course:
Student ID Number:	G/T Course <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Level	Teacher

I request an exit from the course stated above for the following reason(s):

I have completed all requirements for this petition.

I have conferenced with the teacher about my course performance and have implemented recommendations for improvement.

I have attended all recommended tutorials.

I have completed all assignments.

Teacher's Signature: _____

I have discussed the implications of a course change with my counselor and, if applicable, the Gifted and Talented (GT) Facilitator.

Counselor's Signature: _____

GT Facilitator's Signature, if applicable: _____

As the student (or parent), my signature below indicates that I understand the implications of a course change for my (or my student's) grade in the course and for UIL eligibility.

Signature of Student:	Date:
Signature of Parent:	Date:

Counselor Use Only	
Status:	
<input type="checkbox"/> Petition Granted	<input type="checkbox"/> Petition Denied
Signature of Counselor:	Date: