



### AFNTL Schedule Request

Please refer to our course descriptions:

Date: ____/____/____	Student Name	Sending School:	Grade:
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Courses Requested: Please place course description name on appropriate subject

	1st Sem Course Requested	2nd Sem Course Requested
English:		
Math:		
Social Studies:		
Science:		
Business:		
Physical Ed:		

Sending school **MUST** select electives from the Course Catalog for the student to take. You can provide a list of options. However, we **DO NOT** choose electives.

Electives		
Electives		
Electives		
Electives		

Counselor's Name: \_\_\_\_\_

Counselor's Phone: \_\_\_\_\_ Counselor's Email: \_\_\_\_\_

Please sign below stating that these are the requested courses for this student.

Counselor/Designee Signature: \_\_\_\_\_