



REQUIRED STEPS FOR COURSE SELECTION:

NOTE: Students must be enrolled for the 2023-2024 Academic Year to select classes

1. Submit ELECTRONIC course selection through FACTS (required)
 - o Select "Course Request" under the "Student Information" tab
 - o Please select the courses you prefer to take next year in each subject area
 - You must select a minimum of six (6) core courses
 - You should have no more than two study halls per semester.
 - Course periods are not pre-assigned.
 - The schedule will be built based on demand and availability.
 - o Be sure to select "Save" when you are finished.
2. Complete **Course Selection/Preference Form** (paper copy - required).
3. Complete signatures for both Student and Parent/Guardian on this form.
4. Submit **Course Selection/Preference Form** to Student Services on/before deadline.



- Students may also consider elective courses offered by Catholic Virtual.
- These are online classes and are taken in addition to your required course load of a minimum of six (6) in-person classes.
- If a course is offered in-person at Saint Dominic Academy, it is not eligible for selection from Catholic Virtual.
- Estimated cost is \$325.00/course/semester.
- Students must have a minimum cumulative GPA = 3.0+.

I am interested in taking a Catholic Virtual course. (See Student Services)



- **NEW for Fall 2023!** St. Dom's anticipates partnering with CMCC to offer a limited number of dual enrollment courses for eligible students in the 11th and 12th grades.
- Details will be shared later in the spring.

I am interested in CMCC Dual Enrollment courses.. (See Student Services)

GRADUATION REQUIREMENTS:

Theology.....	4 credits
English.....	4 credits
Mathematics.....	3 credits
Science.....	3 credits
Social Studies.....	3 credits
Modern Languages....	2 credits
Fine Arts.....	1 credit
Health.....	0.5 credit
Physical Education.....	1 credit
<u>Electives.....</u>	<u>2.5 credits</u>
Total.....	24 credits



Course Selection/Preference Form

Academic Year 2023 - 2024

Student Name: _____ Grade: _____
(Please Print Full Name) (2023-2024 YR)

Course Selections/Preferences			OFFICE USE ONLY: This section is to be completed by Student Services		
Subject Area	Course Name	Course Level	Prereq. Met	Rec Rec'd:	
ENGLISH		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
MATHEMATICS		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SCIENCE		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SOCIAL STUDIES		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
THEOLOGY		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
FINE ARTS		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
LANGUAGE		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
HEALTH/FITNESS		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ELECTIVE		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ELECTIVE		<input type="checkbox"/> CP <input type="checkbox"/> H <input type="checkbox"/> AP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Student Signature

Date

Parent/Guardian Signature

Date