



Academic Alternative Proposal Form

Student name _____ Date _____

Student email _____

Current grade _____ YOG _____ Guidance counselor _____

High School language courses to-date _____

Proposed alternative language program to satisfy GEM academic requirement:

If the proposal involves course work to be done outside of Melrose High School please provide the following:

Institution/program name _____

Contact name _____

Contact phone _____

Contact email _____

Program approved for GEM: Yes ___ No ___ Date reviewed _____

GEM Review Committee Member signature _____

The intent of the GEM academic language requirement (completion of foreign language course work through Level 4) is to help students to gain conversational proficiency in at least one foreign language. Research shows that learning another language results in increased understanding and perspective on other cultures, and an enhanced ability to understand or to learn additional languages. With this as the goal, the GEM Review Committee will consider other paths towards gaining language proficiency.

Please put this form in the GEM Review Committee mailbox in the Guidance Office.