

CREDIT GRANTED FOR LEARNING EXPERIENCES
CONDUCTED OUTSIDE OF SCHOOL

Student Name: _____ School: _____ Date: _____

Address: _____ Phone: _____ Grade: _____

Name of course or program: _____

Description of program, including: (Information should be attached.)

- Length of time,
- Course objectives,
- How credit(s) shall be determined,
- Content outline,
- How student performance will be assessed.

Name and qualifications of instructor (attach resume) _____

I would like this to meet _____ elective course requirement.

I would like this to meet _____ required course (identify course) _____.

I understand that approval must be granted prior to the start of the activity and that a review fee* may be required.

_____ *Please waive the review fee.

Student Signature Parent signature - required unless student is 18 Date

-----(For Office Use Only)-----		
_____ Approved	_____ Denied	Principal: _____
<input type="checkbox"/> *Fee waived based on documented need. <input type="checkbox"/> *Fee reduced to \$ _____		
Reason(s) for decision: _____		

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Student Name: _____ School: _____ Date: _____

Address: _____ Phone: _____ Grade: _____

Name of course or program: _____

I CERTIFY THAT I HAVE REVIEWED THE MATERIALS PRESENTED AND RECOMMEND GRANTING _____ CREDITS.
(NUMBER OF CREDITS)

I HAVE REVIEWED THE MATERIALS AND DO NOT RECOMMEND GRANTING CREDIT BECAUSE _____

School Reviewer Signature _____ Title _____

Name Printed _____ Date _____

Please return to principal.