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)

- The objective(s) of the program;
- The teaching component(s) of the program, including where and when teaching activities will be conducted by school district certificated staff;
- A schedule of the duration of the program, including beginning and ending dates within the school year;
- A description of how student performance will be supervised, evaluated, and recorded by the certificated staff or by qualified school district employees under the direct supervision of the certificated staff;
- A description of how student performance will be assessed;
- The qualifications of instructional personnel; and
- The plans for evaluation of the program.

Name of instructor (attach resume)

Name: ________________________________________

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.

Student Signature: ________________________________  Date: ________________________________

Parent Signature: ________________________________  Date: ________________________________

(required unless student is 18 yrs.)

Bellingham Public Schools  Bellingham, Washington
- (For Office Use Only)-

<table>
<thead>
<tr>
<th></th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
</table>

Principal:

*Fee waived based on documented need  * Fee reduced to $________________________

Reason(s) for decision:
CREDIT GRANTED FOR LEARNING EXPERIENCES CONDUCTED
OUTSIDE OF SCHOOL

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.