



2011-2012

Approval Request for Transferred Courses

Please fill out the below request and submit to school office. A copy will be returned to you with decision noted.

Student: _____ Grade: _____ Date: _____

Requested Course(s): (minimum of 5 hours per week for 18 weeks per semester). Except for college courses, requests must be made for courses that will be taught for an entire school year. If taking a college course, a copy of the course description (including Course Number) must accompany this request.

- 1. _____
2. _____
3. _____

Is this course for semester credit or are you applying for a years' credit: _____

Location and instructor of Course(s) to be taken:

- 1. _____
2. _____
3. _____

Curriculum (title and publisher) to be used: (If taken at location other than a college.)

- 1. _____
2. _____
3. _____

Upon submission of this request, I have read the "Application of Transfer Credit" form and I understand the required documentation that needs to be submitted at each semester.

Parent Signature: _____ Date: _____

For Office Use Only: _____

Date Request Received: _____ By: _____

Date Approved / Denied: _____
Circle One

If Denied, Reason: _____
Doc: approvalcoursererequest