



Deadlines: Please submit this form PRIOR to taking the course(es).

Name	<i>Last</i>	<i>First</i>	<i>Middle</i>	Phone #
Address	<i>Street</i>	<i>City</i>	<i>State and Zip</i>	Current Grade 9 10 11 12
Educational Institution Offering the Course				Date(s) of Course
Course Title		Course #		# of Credits
Location of Course				# of Hours
Have Credit Applied Toward <input type="checkbox"/> Elective Course <input type="checkbox"/> Replace Required Course (provide Course Title/#): AASD Course Title _____ <div style="text-align: right;">AASD Course # _____</div>				
Parent/Guardian Name				
Signature of Student (or Parent/Guardian if under age 18) My signature authorizes the above named educational institution to release course and grade information to the Appleton Area School District. I am aware that the AASD is not responsible for the cost of this course. It is the responsibility of the student to procure a transcript for the course from the educational institution; credit will not appear on the AASD transcript until the course transcript is received.				
Signature _____				Date _____

Counselor Signature					Date
Curriculum Director Signature					Date
<i>Approved</i>	High School Credit Awarded	.25	.5	.75	1
<i>Denied</i>	Rationale				