

Request for High School Credit

Instructions: Please complete and submit to your school counselor to be submitted to the appropriate Curriculum Director for review. Submit a complete course description, course syllabus, and a current AASD transcript. A separate

description, course syllabus, and a current AASD transcript. A separate form must be submitted for each course for which credit is being requested.

Deadline	es: Please sub	mit this form <u>PR</u>	<u>IOR</u> to taking	the course((es).	
Semester	Applying For:	☐ 1 st Semeste	er 🗆 2 ⁿ	^d Semester	☐ Sum	mer
Name Last		First	Middle		P	hone #
Address Stree	t	City	State and Zip		C: 9	urrent Grade 10 11 12
Educational Institution Offering the Course						ate(s) of Course
Course Title		Cours	se #		#	of Credits
Location of C	Course				#	of Hours
Have Credit	Applied Toward					
□ Elective Course □ Replace Required Course (provide Course Title/#): AASD Course Title						
Parent/Guar	dian Name					
My signature authors am aware that the from the education	orizes the above named AASD is not responsible nal institution; credit wil	ent/Guardian if uneducational institution to for the cost of this course l not appear on the AASD	release course and e. It is the responsib transcript until the	ility of the stude course transcrip	nt to procure a tra ot is received.	anscript for the course
AASD Use Onl	lv					
Counselor Signature					Date	!
Curriculum Director Signature					Date	:
Approve	d High Sch	ool Credit Award	ed .2!	5 .5	.75	1
Denied	Rationale	2				