



CREDIT BY CHOICE PROGRAM

Program No. 1 – Educational Travel

DESCRIPTION: Credit may be earned for a planned learning experience gained through participation in a preapproved travel/study tour. The Curriculum Assistant Principal must approve both the specific tour and the Teacher/Sponsor *before* students may apply. Questions concerning specific credit requirements during travel/study tours should be directed to the Teacher/Sponsor.

GENERAL GUIDELINES:

The Credit by Choice (CBC) Program is designed to give students the opportunity to choose enriching learning experiences tailored to their personal educational needs and to have them recorded on their high school transcript. This program is open to high school students currently enrolled in the Anchorage School District.

- While the Curriculum Assistant Principal and Counselors can respond to questions, it is the responsibility of the student to work independently to complete the application and carry out a program according to these prescribed guidelines.
- Students proposing a Credit by Choice (CBC) Program must have prior written approval of their parents and the Principal.
- A certificated staff person must sponsor and/or supervise the student's program.
- ASD is the accrediting institution and sets standards for issuing credit. ASD is not the sponsoring agency for off-campus programs and is not responsible for the student's personal or financial liability. Program expense is the responsibility of the individual.
- CBC courses will be titled as such on the student's transcript, as described in each program's details.
- CBC courses recorded upon program completion cannot be included for calculating eligibility for full-time student status for the purposes of enrollment and/or Alaska School Activities Association eligibility.
- The grade received will be incorporated into the student's high school grade point average (GPA) and will be counted to determine class rank and valedictorian. When computing valedictorian status, the ratio of weighted advanced placement to regular graded classes is significant.
- **Once entered on a high school transcript, grades will not be removed from this legal document.**

DETAILS:

- A three-week tour program is eligible for 0.5 unit of credit, and a six-week program may earn 1.0 unit of credit.
- Travel Teacher/Sponsor must submit a completed application with supporting materials to the Curriculum Assistant Principal for approval by April 15 prior to travel. Proposals must outline the type of educational travel, travel Teacher/Sponsor's name, past experience with student travel, name of sponsoring company/affiliation, dates of departure and return, estimated number of student participants, goals and objectives, proposed itinerary, evaluation criteria, information on liability/medical coverage for participants, parent information forms and copies of releases. Forward a copy of the approved "Request for Out-of-District Travel" (form J – available from the Activities Office), taking care to specify names of sponsors/chaperones.
- A student desiring credit for approved educational travel must complete the Credit by Choice application below and submit it to the Curriculum Assistant Principal in advance of the trip. Upon completion of the travel, the supervisor must provide the Curriculum Assistant Principal with grade reports and submit supporting gradebook and legend to the registrar.
- This CBC course will be titled as such on the student's transcript. Program No. 1 Educational Travel may only be taken for elective credit.

APPLICATION:

NAME _____ ID # _____

CURRENT GRADE ☐ 9 ☐ 10 ☐ 11 ☐ 12 (*student must be **currently** enrolled in high school*)

TRAVEL TO _____ DATES TRAVELED _____

TEACHER/SPONSOR NAME _____ CONTACT PHONE _____

**Attach travel proposal as described above and a copy of the "Request for Out-of-District Travel" to this application.*

We have read and understand the above information regarding this Credit by Choice program.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____ DATE _____

..... ***Take this completed form to your counselor.***

OFFICE USE ONLY	COUNSELOR SIGNATURE _____
	PRINCIPAL APPROVAL _____ DATE _____