

CREDIT BY CHOICE

APPLICATION

STUDENT NAME _____

ID # _____

PRESENT GRADE LEVEL (*Circle One*): 9 10 11 12

DATE _____

CONSIDERATION IS REQUESTED FOR: (CHECK ONE)

PROGRAM #1 – EDUCATIONAL TRAVEL
Travel to _____ Date _____

PROGRAM #2 – CORRESPONDENCE COURSE
Course Title _____
Correspondence Program _____
Under the Supervision of _____

PROGRAM #3 – COLLEGE COURSEWORK College _____
Course Title _____
Number of Semester Hours _____

PROGRAM #4 – EARLY COLLEGE ADMISSIONS PROGRAM
Coursework to be taken at _____
GPA (must be 3.5 or above) _____

PROGRAM #5 – CREDIT BY EXAMINATION
Course Title _____
Under the Supervision of _____
Approximate Exam Date _____

PROGRAM #6 – COMMUNITY SERVICE / FIELD STUDY
Course Title & Under the Supervision of _____
ASD Fine Arts Director Signature (*if applicable*) _____

PROGRAM #6 – WAIVER OF PE
For Fall / Spring Semester of _____ (year)
For the following activity _____
See Specific Program Requirements and follow attached Required Journal Format

Signature of Physical Education Department Chair _____

**ONLY
OFFICE
USE**

Student Signature _____
Parent Signature _____
Counselor Signature _____
APPROVED by Curriculum Principal _____

_____/_____/_____