



2010-2011

## 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: approvalcourserquest