



CLASS OF: _____

Request for approval of credits from off campus school:

Student Name: _____

School where course will be taken:

Name of school to be used for remediation _____

Course to be taken: (use course name from outside school's course list)

_____ (Circle one) Semester I Semester II Both

Course being taken for (Circle one): pre-requisite for _____

graduation requirement for _____

remediation for _____

Grade to be remediated: (Circle one) D or F

Which term to remediate? (Circle one) Semester I Semester II Both

TO BE COMPLETED BY COUNSELOR

Request reviewed & approved by Counselor

- 1. Date course to be completed by: _____
- 2. Course syllabus needed YES NO
- 3. Department Chair signature needed YES NO
- 4. To be put on Saints transcript YES NO
- 5. UC approved YES NO
- 6. Weighted YES NO

_____/_____/_____ Date _____

Print Name

Signature

Other Signatures

Course Description reviewed & approved by **Department Chair (if needed)**

_____/_____
Print Name Signature Date _____

Parent/Guardian signature

Signature Date _____

Administrative approval by Assistant Principal of Academics

Signature Date _____

Comments:



- Official transcripts for off campus courses must be to Registrar within 30 days of course completion. If transcript not received necessary adjustments to current schedule will be made.



Official Transcript recorded: _____