

Off Campus Credit Form

Please Print

Name _____ School _____
(Last) (First) (MI)

Address _____
(Number) (Street) (City) (State) (Zip)

Telephone (____) _____ D.O.B. _____ Age ____ Grade ____

Reason(s) for requesting Attendance: _____

**You will need to submit school transcript OR a business card or statement on letterhead from the person signing for your "off campus" hours. Your form should include the start and end date of the course, days of the week the course met, and the hours for each day. Example:
 Dates: 9/14/00 – 1/1/00
 Days: Monday & Wednesday
 Time: 4:00p.m. – 5:00p.m. (1 hour each day of practice)**

COURSE(S) REQUESTED

Course No. & Title	Dates	Days	Time	Units

***Note: 15 hours = 1 credit** **Total Hours:** _____

I certify that I believe this student is academically qualified for the Course(s) requested and understands that the Course(s) is/are to be taken for school credit. In support of this request I have attached (in a sealed envelope) a copy of the student record.

(Principal or Designee Signature) (Position) (Date)

Approved ____ **Denied** ____ **Comments:** _____

(Teacher Signature) (Date)

