|  |  |
| --- | --- |
|  | **External Course Approval Form** |

The student and family will need to complete this form and submit to the school for approval prior to taking courses outside the district. The student is responsible for all costs of the program including transportation, tuition, books, and fees.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | |  | | | | | |
| Student ID: |  | | Grade Level: | |  | Grad Year: |  |
| Community College or Out-of-District Program Name: | | | |  | | | |

Course(s) Requested *(Course Name & Course Code)* **and** Credit(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Course Name |  | Course Code |  | Credit(s) |
|  |  |  |  |  |
| Course Name |  | Course Code |  | Credit(s) |

Requested course(s) will fulfill:

a personal interest

a graduation requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name the requirement)

a grade improvement: (course being retaken)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |
|  |  |  |
| Parent/Guardian Signature |  | Date |

Request is approved

Request is denied for the following reason:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Principal/Designee Signature |  | Date |

After the course is completed, please have an official transcript sent to the Registrar at your high school.

**Any senior who plans to participate in the June graduation ceremony is responsible to submit an official transcript to their high school Registrar no later than the day prior to the ceremony.**

*A copy of this letter will be placed in the student’s cumulative file.*

Taking this course(s) does not indicate entry into the Running Start program. Running Start has separate requirements, applications, and deadlines.

▼ OFFICE USE ONLY ▼

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registrar Signature & Verification: | |  | | | | |
|  | Yes, this program is appropriately accredited. | | Date: | |  | |
|  | | | |  | |  |
| Counselor Signature | | | |  | | Date |