

Student Name: _____ Date: _____ Grad. Year: _____

Requesting Approval for Out of District Credits

Thank you for seeking approval to take a course through an approved out of district provider. Please review and complete this document and submit to RHS with the LWSD Appendix C.

I am requesting this course be added to my official transcript and GPA. **YES or NO**

If yes, I understand that all grades are posted to my transcript using the grading scale of the outside provider. Meaning, if I receive an A- in the course that will be the grade posted to my transcript and figured into my GPA. Please initial that you understand this policy _____

I am requesting approval for this out of district course to replace a lower grade. **YES or NO**

If yes, I understand that in accordance with the Replacement Credit Policy, both grades will be posted, however the attempted earned credits amount for the lower grade will be adjusted so it does not calculate in my overall GPA. Please initial that you understand this policy _____

Please initial the following statements indicating that you understand and agree:

_____ I understand that RHS Counselors do not proctor out of district exams. Therefore, if my provider requires a proctored final, I am responsible to find a proctor certified by the provider.

_____ I understand that if I am taking this course to fulfill a graduation requirement all course components (assignments, tests, etc.) must be completed no later than May 1 of my senior year to ensure that my counselor can clear me for graduation. Course completion later than May 1, could impact my on-time graduation and my participation in the graduation ceremony.

_____ I understand that if I am taking this course to fulfill a graduation requirement that I am responsible for monitoring my own progress in the course. I understand that I may not receive reminders/check ins/follow ups on my progress from RHS Staff regarding this graduation requirement.

_____ I understand it is my responsibility to use the NCAA Eligibility Center to determine if an out of district course is an NCAA approved core course (if applicable).

_____ I understand that if I am taking this course to fulfill a pre-requisite for the next school year, the course must be completed, and transcripts received by the RHS Counseling Department or emailed to Megan Livermore (mlivermore@lwsd.org) no later than August 15th. This does **NOT** guarantee that there will be space in the course you would like to move into.

_____ I understand that if I am taking a math course to fulfill a pre-requisite for the next school year, I must receive approval from my current math teacher and I may be required to pass a math placement exam at RHS before being moved to the next level math class.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Middle School Math Teacher Signature: _____ Date: _____

MS math teacher- please circle: I approve I acknowledge