

EXTENDED LEARNING OPPORTUNITY - APPLICATION

Request for Approval of Extended Learning Opportunity Program of Study

Student: _____ Application Date: _____

Current Grade: _____ Year of Graduation _____

Course/Program to be taken and course number: _____

Semester/Year course is to be taken: _____

School: _____ Location: _____

Course description: (Please attach)

Reason for request (check all appropriate boxes):

() Review for credit/summer school (make-up course work for a previously failed course)

Failed course: _____

() Advanced course level in a given sequence for upcoming school year

() Name of (DISTRICT SCHOOL) equivalent course: _____

() Earn additional high school credit (check all appropriate options)

_____ College course work for high school credit

_____ College course work for the alternate graduation option

_____ Independent Study

_____ Distance Learning course work (online or virtual high school)

_____ Request for credit to be utilized for early graduation

_____ Other: _____

Rationale for request: (Attach pages if necessary) _____

If course is approved, _____ credits will be awarded upon proof of successful completion.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Copy to Student/Parent Student File Guidance Counselor

See Policy IHBH

First Reading: September 20, 2012

Second Reading: October 4, 2012

Adopted: October 4, 2012