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) ____________________________________

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