

EXTENDED LEARNING OPPORTUNITY – APPLICATION

Request for Approval of Extended Learning Opportunity Program of Study

Student: _____ Current Grade: _____

Application Date: _____

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: August 6, 2014
Second Reading & Approval: September 3, 2014