



Appleton Area School District

Request for High School Credit

Instructions: Please complete and submit to your school counselor to be submitted to the appropriate Curriculum Director for review. **Submit a complete course description, course syllabus, and a current AASD transcript.** A separate form must be submitted for each course for which credit is being requested.

Deadlines: **March 1** – to be reviewed for Summer and 1st semester
October 1 – to be reviewed for 2nd semester

Semester Applying For: 1st Semester 2nd Semester Summer

Name <i>Last</i> <i>First</i> <i>Middle</i>			Phone #
Address <i>Street</i> <i>City</i> <i>State and Zip</i>			Current Grade 9 10 11 12
Educational Institution Offering the Course			Date(s) of Course
Course Title	Course #		# of Credits
Location of Course			# of Hours
Have Credit Applied Toward			
<input type="checkbox"/> Elective Course <input type="checkbox"/> Replace Required Course (provide Course Title/#): AASD Course Title _____ AASD Course # _____			
Parent/Guardian Name			
Signature of Student (or Parent/Guardian if under age 18)			
My signature authorizes the above named educational institution to release course and grade information to the Appleton Area School District. I am aware that the AASD is not responsible for the cost of this course. It is the responsibility of the student to procure a transcript for the course from the educational institution; credit will not appear on the AASD transcript until the course transcript is received.			
Signature _____			Date _____

AASD Use Only

Counselor Signature		Date			
Curriculum Director Signature		Date			
<i>Approved</i>	High School Credit Awarded	.25	.5	.75	1
<i>Denied</i>	Rationale				