



**NON-DISTRICT 155 COURSE CREDIT-TRANSFER REQUEST**

Student Name: \_\_\_\_\_

Grad Year: \_\_\_\_\_ Date: \_\_\_\_\_

CG     CLC     CLS     PR     HOC

Course Name: \_\_\_\_\_ Course Taxonomy: \_\_\_\_\_

School where course will be taken: \_\_\_\_\_ University Credit: Yes / No

Term course must be completed:  Fall semester  Spring semester  Summer Year \_\_\_\_\_

**NOTE: An official transcript including the course listed must be turned in upon completion of the course and minimally two weeks prior to graduation.**

Reason for taking course: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please read below, District 155 Board Policy 6:310 regarding transferring in credit from other institutions:*

A student enrolled in a non-district experience, including an online course, may receive high school credit for work completed, provided: (1) The course is offered by an accredited institution and approved by the Superintendent or designee; (2) The student is a full time student (5 D155 Courses including PE); (3) No more than one credit per core subject area (English, Math, Science and Social Studies); (4) The student assumes responsibility for all fees (including tuition and textbooks); and (5) The Building Principal or designee approves the course in advance. Students are limited to 1 non-district experience credit per year enrolled in the district in terms of credit that may be applied toward high school graduation requirements. Grades earned in approved non-district experiences count toward a student's grade point average and eligibility for athletic and extracurricular activities. Student assumes responsibility for all fees.

I have read and understand the board policy stated above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<b>For School Use Only:</b>	
The request for transfer of credit for this class is <input type="checkbox"/> granted <input type="checkbox"/> denied.	
If granted, this course will earn _____ D155 credits.	
_____ Signature of building principal/designee	_____ Date

**\*Please return form, course description, and syllabus to your counselor.**