CORRESPONDENCE COURSE APPLICATION

Student Name: _____   Date: _____

Student ID # : _____

Grade/Graduation Year: _____

School: _____

Name of Correspondence Course: _____ # of Credits _____

Name of Program Offering the Course: _____

High School Graduation Requirement Being Met: _____

_____

Explanation of Need for Course: _____

_____

Designated Proctor _____

I have read the requirements as stated in the school board policy R2410 and understand that I must complete the correspondence course and have ordered the final exam the first Monday in May.

Student Signature: _____   Date: _____

Parent Signature: _____   Date: _____

Counselor Signature: _____   Date: _____

Counselor Comments/Recommendations: _____

_____

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Principal Approval: _____   Date: _____

Comments: _____

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