

Pequannock Township High School

Application for Option II Credit *N.J.A.C. 6A: 8-5.1(a) 2*

Section 1

Student Name: _____ Current Grade: _____
School Counselor: _____ Date of Application: _____

Section 2

Name of Course/Program: _____
School: _____ Location: _____

Section 3

Reason for Request (Please check one box):

- Credit Recovery: used to recover credit lost due to a failing grade or "no credit" status
- Advanced/Acceleration Credit: used to advance to the next level in a specific content area
- Additional Credit: used to supplement a student's transcript
- College Credit: courses taken at an accredited two- or four-year college/university
- Alternate Physical Education: one marking period alternative per season (Fall-1st, Winter-2nd, Spring-4th)

Submission of this completed application verifies your knowledge of and commitment to completing additional Physical Education Alternate requirements (journal entries; verified log of hours)

- Independent Study (additional application required)
- Service Learning (additional application required)

Rationale for Request (attach additional sheets as necessary): _____

Start Date: **Upon approval of this document and registration of the online course.**

Credits Requested: **_The course is Pass/Fail - Full Credit - listed on transcript not counted towards GPA.**

**End Date:

****Documents verifying completion of Option II experience must be submitted within two (2) weeks of this date.**

Section 4 – Academic Supervisor Review

I have reviewed the request for Option II credit and have determined the following:

- Approved - **is** sufficiently aligned with PTHS and New Jersey Core Content Curriculum Standards.
- Not Approved – **does not** sufficiently align with PTHS and New Jersey Core Content Curriculum Standards.

Comments: _____

Academic Supervisor Signature: _____ Date: _____

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Section 5

Signatures below acknowledge that you have read and understand the responsibilities and requirements for participation in Option II Credit Attainment:

- Completion and submission of all required documents to the Principal’s Option II Credit Review Committee prior to established deadlines.
- Procurement of an advisor/mentor who will oversee the completion of approved credit experience. Independent Study advisors must be certified PTHS staff members.
- Acknowledgement of and agreement with the terms as established by Board of Education Policy and Rule 5460, College Courses.
- Individual responsibility to meet any additional criteria required by participating institutions.
- Grades will be designated on PTHS transcripts as “P” (Pass) or “F” (Fail) and will not be calculated in a student’s overall Grade Point Average (GPA). Course dropped after published drop/add dates will be recorded as “withdrawn” on PTHS transcripts
- **For online courses, the student is required to take the final exam under the supervision of a PTHS staff member at the high school.**
- The Pequannock Township School District reserves the right to administer its own final assessment to determine student proficiency as applied to New Jersey Core Curriculum Content Standards.
- The student and/or student’s parent/guardian is responsible for all arrangements related to participation in Option II Credit experiences including, but not limited to, payment of tuition and fees, books and other required materials, transportation, safety, and knowledge of all relevant information pertaining to the experience.
- The student must submit documentation upon completion of Option II Credit including official transcripts, evaluation reports, attendance reports, completed projects, and any other documents as required by the Principal’s Option II Committee within

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____
 Advisor/Mentor/Coach Signature: _____ Date: _____
 School Counselor: _____ Date: _____

Section 6 (to be completed by committee staff only)

- Approved in the following category:
 - Credit Recovery _____ Credits
 - Advanced/Acceleration Credit _____ Credits
 - Additional Credit _____ Credits
 - College Credit _____ Credits
 - Independent Study _____ Credits
 - Service Learning _____ Credits
 - Alternate Physical Education _____ Marking Period Alternative
- Not approved

Comments: _____

Principal Signature: _____ Date: _____

Director of Curriculum Signature: _____ Date: _____