

**Request for Approval of Extended Learning Opportunity Program of Study**

Student Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Course/program to be taken and, if applicable, course number: \_\_\_\_\_

Semester/Year course is to be taken: \_\_\_\_\_ Location: \_\_\_\_\_

**Course Description: (Please attach)**

**Reason for Request (check all that apply):**

Review for credit/summer school (make-up course work for 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

\_\_\_ Independent study

\_\_\_ Distance learning course work (online or virtual high school)

\_\_\_ Request for credit to be utilized for early graduation

\_\_\_ Request for credit to be utilized to satisfy core graduation requirements

\_\_\_ Request for credit to be utilized for elective credit

Other: \_\_\_\_\_

**Rationale for request (attach additional 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                    School Counselor



**LEGAL REFERENCE:**

Idaho Code Sections:

33-506 – Organization and Government of Board of Trustees

33-6401 et seq. – Extended Learning Opportunities

**ADOPTED: December 13, 2021**

**AMENDED:**