

**TAMALPAIS UNION HIGH SCHOOL DISTRICT**  
Larkspur, California

**REQUEST FOR ALTERNATIVE CREDITS TOWARD GRADUATION**

\*Initiate this process with your school counselor. Final approval is by the site principal.

Student Name:	School:	ID#
Counselor:	Date:	Graduation Year:
Date First Enrolled in TUHSD:	Are you a transfer student? Select Yes / No	
I wish to take the following (check one): <input type="checkbox"/> Enrichment course <input type="checkbox"/> Correspondence course <input type="checkbox"/> Distance Learning course <input type="checkbox"/> Private World Language Instruction <input type="checkbox"/> Other _____	I wish this to count for (check one): <input type="checkbox"/> Credit towards a specific graduation requirement: _____ <input type="checkbox"/> Elective credit towards high school graduation	
Course Title: (attach course descriptions or Course of Study)	Date of Course:	
Institution of Course:	Credit Value:	
Reason for wanting to take this coursework instead of a course at my high school:		

I understand the following:

1. Request for alternative coursework must be approved prior to enrolling in the course.
2. Credit for alternative coursework will only be awarded if this institution is accredited and can provide evidence that its courses have been approved for UC "a-g" requirements.
3. Credit for graduation requirements will only be awarded if the alternative coursework aligns with the district curriculum and course of study, and is within the district's areas of study (Ed Code 51220).
4. Awarding of credit does not guarantee that the content is articulated with other courses the student may take at the high school in the same subject.
5. It is the student/family's responsibility to provide official documentation of course completion before credit will be awarded.
6. This form is not valid unless signed by the counselor and principal.

Student Signature:	Date
Parent Signature:	Date:

I have reviewed this request and find it meets district guidelines

Counselor Signature:	Date:
Principal Signature:	Date:

\*Copies: Principal, Parent/Guardian, Counselor, Assistant Superintendent of Ed Services