



Credit Flex Application

Proposal for 2025-2026 School Year

Date: _____

Student Name: _____ Current Grade: _____

Type of Educational Study (Circle One): **Online Course** **In-Person Course** **Independent Study**

Course Title: _____

Name of Provider (Credentialed Institution or Individual): _____

Amount of Credit Requested (Circle One): **.25** **.50** **1.00**

Course/ Plan Start Date: _____

Course/ Plan Completion Date: _____

Attach Course Description/Syllabus OR Complete the Section Below.

Description of Proposed Option:

Measurable Outcomes:

Methods of Assessment:

Read the following statements, initial the space provided by each statement, and sign below to indicate that you understand and agree to the procedures put forth in this document.

_____ I am responsible for completing my work by the date set forth in the agreement.

_____ I am responsible for submitting my transcript/evidence of completion to my counselor.

_____ I have met with my counselor regarding my 4-year plan.

_____ I am responsible for submitting my application on time and completing any revisions by the designated dates.

_____ The grade I earn will appear on my transcript.

_____ I am still required to enroll in 6 classes per semester at Ursuline.

_____ Academic honesty rules apply as stated in the Parent/Student Handbook.

_____ My Credit Flexibility Application is subject to the approval of the Credit Flex Review Committee and completion of this form does not guarantee access.

_____ All costs associated with this request are the responsibility of the student/parent.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Counselor Signature: _____

Date: _____