

- (For Office Use Only)-

_____ Approved _____ Denied

Principal:

*Fee waived based on documented need

* Fee reduced to \$ _____

Reason(s) for decision:

OVER

**CREDIT GRANTED FOR LEARNING EXPERIENCES CONDUCTED
OUTSIDE OF SCHOOL**

Student Name

School:

Date:

Address:

Phone:

Grade:

Name of course or program:

I certify that I have reviewed the materials presented and recommend granting _____ credits.

I have reviewed the material and do not recommend granting credit because:

School Reviewer Signature:

Title

Name Printed

Date

<i>Please return to principal.</i>
