



**- (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**

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Student Name

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School:

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Date:

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Address:

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Phone:

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Grade:

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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:

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School Reviewer Signature:

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Title

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Name Printed

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Date

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