GILBERT PUBLIC SCHOOLS

Collaborative Credit Form

STUDENT NAME:_____**I.D.#:** _____

GRADE: _____ PHONE: H) _____C) _____

Check One: ◯ **Campo Verde H.S.** ◯ **Desert Ridge H.S.** ◯ **Gilbert H.S.** ◯ **Highland H.S.** ◯ **Mesquite H.S.**
◯ **Gilbert Global Academy** ◯ **Gilbert Classical Academy** ◯ **Canyon Valley** _____

Course Name:_____**Course #:**_____

College/University: _____

Semester & Year of Class: _____

Number of College credit hours to be taken: _____

Number of High School Credits to be earned: _____

DISTRICT GUIDELINES

1. In order for a student to receive credit at the high school, a counselor and an administrator must sign the collaborative credit form **prior** to the start of this college class.
2. It is recommended that the following GPS core classes be taken at the high school in order to receive the grade level academic standard instruction:
   a. **the four English credits**
   b. **the first three Science credits**
   c. **the first four Math credits**
   d. **all three Social Studies credits**

   Any of the above courses taken at any Community College or University are subject to **prior** review and approval by a counselor and administrator on the high school campus.
3. Classes earning between three (3) and five (5) credit hours will receive one half credit (.5) to be awarded toward graduation requirements.
4. GPS will not accept Community College or University classes as weighted grades.
5. Upon successful completion of the college class, it is the student's responsibility to provide the high school Registrar with a copy of the official Transcript.

_____ _____
Student Signature **Date** **Parent/Guardian Signature** **Date**

_____ _____
Counselor **Date** **School Administrator** **Date**

RETURN FORM TO YOUR COUNSELOR

Copies to: **Administration** **Student & Parent/Guardian** **Student Academic Folder** 10/15/2020