San Jose Unified School District

Outside Credit Approval Form

Student Information	
Student's Full Legal Name (First/Last):	
Parent/Guardian's Email:	
Parent/Guardian's Phone:	**Student's ID Number:**
High School:	**Current Grade: Rising 9th 10th 11th 12th**

Course Information	
Course Title:	**Number of Units or Credits:**
Institution Offering this Course:	
Type of Outside School/Vendor: ☐ Online School/Vendor ☐ Private School/Public School ☐ California Community College or University	
Term of Course: ☐ Summer ☐ Fall ☐ Spring **Start Date of Course:** **End Date of Course:**	
Reason for taking course: ☐ High School Graduation Requirement ☐ Acceleration Credit ☐ College Credit ☐ D/F Retake	

Student & Parent Acknowledgements

Student Signature: _____
I have read the **SJUSD Outside Course Approval Criteria** at SJUSD.org and understand that I am responsible for all coursework, attendance, and communication with the outside institution.

Parent/Guardian Signature: _____
I have read the **SJUSD Outside Course Approval Criteria** at SJUSD.org and understand that it is my responsibility to ensure my student is enrolled, attends, and submits all required transcripts upon completion.

Administrator Approval

Is this course approved? ☐ Yes ☐ No

Administrator's Name:

Administrator's Signature:	**Date:**