



Credit for Alternative Courses and Programs

Board Policy 6.310
Credit for Alternative Courses and Programs and Course Substitutions
Guidelines regarding credit earned for alternative course work
www.unit5.org/Page/3825

Student Name: _____ Grade: _____ Date: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Parent Signature* _____

**Signature affirms that you have read Board Policy 6.310 and accept its constraints and will abide by the completion date stated below.*

School Offering Course: _____

Course Title: _____ **Semester:** 1 or 2
(circle one)

Type of Course:
 Credit Recovery Initial Credit **HS Credit:** 0.5 1.0 other _____
 (circle one)

Term of Enrollment:
 Fall 20__ Spring 20__ Summer 20__
Evidence of successful completion is required prior to awarding high school credits.

For IVS Only
Course Start Date: _____

- If initial credit, list the Fixed Term Enrollment Date you have selected to start
- If credit recovery, list the date you want to begin working on the course

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Course Title: _____ **Semester:** 1 or 2
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For Office Use Only Approved Denied _____ (Counselor)
 Approved Denied _____ (Administrator)