

## I-S OR ALTERNATIVE CREDIT REQUEST

Name \_\_\_\_\_

Course Syllabus \_\_\_\_\_

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Name and address of institution/course instructor: \_\_\_\_\_

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Date course will be completed: \_\_\_\_\_

Type of documentation which will be provided to show course was successfully completed:

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Number of graduation credited to be earned: \_\_\_\_\_ credit(s)

(Determined by student-parent-principal prior to taking the class)