



CLASS OF: _____

Request for approval of credits from off campus school:

Student Name: _____

Course to be taken (attach copy of course description)

(Circle one) **Semester I** **Semester II** **Both**

Course being taken for (Circle one): **pre-requisite** **elective credit** **requirement**
remediation

If remediation for what Saints course: _____ **Grade to be remediated:**
_____ **D** **or** **F**

Which term to remediate?

(Circle one) **Semester I** **Semester II** **Both**

School where course will be taken:

Course will be taken (Circle one): **Summer** **Fall** **Intersession**
Spring

Request reviewed & approved by Counselor

_____/_____**Date**_____

Print Name

Signature

Course to be completed by: _____

Course Description reviewed & approved by Department Chair

_____/_____**Date**_____

Print Name

Signature

Reviewed by Saints Online Coordinator: (if applicable)

_____/_____**Date**_____

Print Name

Signature

Parent/Guardian signature

_____**Date**_____

Signature

Administrative approval by Assistant Principal of Academics

_____**Date**_____

Signature



- **Official transcripts for off campus summer courses must be to Registrar within 30 days of course completion. If transcript not received necessary adjustments to current schedule will be made.**



Official Transcript received and recorded:_____