

**APPLICATION FOR CORRESPONDENCE STUDY**

_____	_____	_____
Student's Name	Student Number	Grade Level
_____	_____	
Student's Address	Student's Phone	
_____	_____	
Course Title	Institution Offering Course	
_____	_____	
Date of application	Proposed completion date	

Completion requirements:

All course work is done independently by the student. Final exams are mailed to, and administered by, the student's counselor. Be sure and include our school code (361630) when registering.

Seniors pursuing correspondence courses should plan to have them completed by the end of the 1<sup>st</sup> semester. Otherwise, a comparable course may need to be added to their 2nd semester schedule or study halls may need to be closed in order to allow time for completion.

Correspondence courses are added to the student's schedule so that the grade can be entered upon completion. This form is to be returned to the student's counselor who will add it to the student's schedule.

\*\*\*\*\*

I understand the completion requirements for my correspondence course.

\_\_\_\_\_  
Student's Signature

I am aware that my son/daughter is pursuing this correspondence option and I understand the completion requirements.

\_\_\_\_\_  
Parent/Guardian's Signature

\*\*\*\*\*

This application has been APPROVED/NOT APPROVED. If approved, work may now begin. If not approved, the reason is:

This course will earn \_\_\_\_\_ credit, provided the work indicated is completed satisfactorily.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**This original form will be filed in the student's cumulative folder. A copy will be given to the student.**  
5/4/17