



APPLICATION FOR APPROVAL TO TAKE ADDITIONAL CORRESPONDENCE CLASSES

- 1) This form is to be used by students wishing to apply for correspondence credits above the maximum of three (3) allowed by District Policy 2122.
- 2) Please include a rationale detailing the “unusual or extenuating circumstances” for your request.
- 3) Please provide the information below, sign and turn in to your counselor.
- 4) The counselor should obtain appropriate building signatures and forward to Administrator of Instruction at the DSC.
- 5) The Administrator of Instruction or designee will approve or deny this application for permission to take correspondence courses for credit above the three- (3) credit maximum. This form is necessary whether credit is required or elective. The form will be returned to the appropriate counselor within five (5) working days of receipt.
- 6) Completion of the form does not constitute approval.
- 7) The Boise School District will not pay for credits or other costs of correspondence course work.

Student Name _____ School _____ Grade 9 10 11 12
 (Please Print) (Circle one)

CORRESPONDENCE PROVIDER	COURSE NAME/ NUMBER	CREDITS	BOISE DISTRICT COURSE NAME/NUMBER
<i>EXAMPLE: UI</i>	10 th English I & II	2	<i>FILLED IN BY COUNSELOR English 10</i>

Please list all correspondence classes completed and/or in progress:

Course Name

Grade (if completed)

REQUIRED SIGNATURES

Student _____ Date _____

Parent/Guardian _____ Date _____

Counselor _____ Date _____

Principal _____ Date _____

Curriculum Director/
Designee _____ Date _____

Approved _____ Denied _____