



**Request for Alternate Credit Form**

This form is due to Mrs. Barrett  
No later than June 1

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Curriculum or School Offering Course: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Completion Date\*: \_\_\_\_\_

\*Final grade must be received by CCA by August 1 unless otherwise approved by Mrs. Barrett.

Reason for taking course:

Parents please initial each and sign:

- I have attached an entire copy of the school’s catalog/brochure attached with reference to the appropriate course and page number.
- I understand that classes for credit must be taken in person (not an online course) through Howard County Public Schools or Howard Community College or another approved institution.
- I understand that after completion of the course, my student must then take the Chapelgate final exam for this course and score 80% or above in order to receive credit. This exam must be taken prior to August 12.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Email

**For School Use Only**

Date received: \_\_\_\_\_

Action taken: \_\_\_\_\_

Reason/other information:

\_\_\_\_\_  
Melissa Barrett, Director of Guidance

Grade Verification	
Date:	Final Grade:
Credit Earned:	
CCA Exam Date:	Exam Grade:
Entered in transcript:	