



Request for Alternate Credit Form

This form is due to the Guidance office no later than June 1

Student Name

Year of Graduation

Parent email

Name of Course you wish to take: _____

Reason for taking course: If necessary please attach separate letter to explain reasons.

Curriculum or School offering course:

This form is not complete without an entire copy of the school's catalogue or brochure attached with reference to the appropriate course and page numbers.

Beginning Date of course: _____

Completion date of course: August 15*

I understand that my student's course must be completed, completed and grades received in CCA Guidance office no later than August 15 in order for my student to obtain credit. I understand that a final exam through CCA may be a requirement in order for my student to receive credit.

Parent signature

Parent email

Parent phone #

FOR SCHOOL USE ONLY:

Date Received: _____

Reason: _____

- Course Approved
- Course Denied
- Department Head approval
- CCA final exam needed
- Transcript received: _____
- Added to CCA transcript

Authorizing Signature: _____