

**ISSAQUAH SCHOOL DISTRICT: REQUEST FOR OUTSIDE CREDIT – HIGH SCHOOL**

(One form per course. Keep original form at school.)

Issaquah School District graduation requirements are established to provide each student with the best possible educational experiences and to comply with Washington State statutes. The Issaquah School District may grant up to 4 credits toward high school graduation requirements or required minimum college admissions courses taken outside of the Issaquah School District PROVIDED:

1. The request is approved by the Counselor and Principal prior to the student’s participation in the program. Approval cannot be granted retroactively.
2. The course meets state standards as required by WAC 180-51-061, WAC 392-410-300 through 320 and is from a Washington State accredited institution.
3. The course complies with the procedures established in Policy 2410 – High School Graduation Requirements and Policy 2024 – Online Learning.
4. No more than 50% of a subject area requirement can be from outside credit.

Date of Application: \_\_\_\_\_ School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Student Name (Legal): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent Primary Phone: \_\_\_\_\_

Request for Credit (choose one):

College Program     WA State Accredited Private Program     WA State Accredited Summer School Program

Course: \_\_\_\_\_  Semester 1     Semester 2

Name of Provider: \_\_\_\_\_ School Year: \_\_\_\_\_

Term(s) course will be taken in:     Fall     Spring     Year-Long     Summer

**I am aware:**

1. Any required textbooks, materials or lab supplies that are not available at the school are the student’s responsibility to acquire.
2. Students are limited to 4 credits toward graduation requirements through a WA State outside accredited program, maximum of 2 credits in a school year.
3. Credit will be entered on the transcript. For colleges (i.e. BC, RTC) with articulated agreements with the ISD and OSPI DLD online courses (through the ISD), students will receive the actual course grade earned (A-F) on their transcript. For all other Outside Providers, P/F (Pass/Fail) will be entered as the course grade on the transcript (Note: The NCAA transcripts “P” grades as a “D” or 1.0 grade point).
4. **It is my responsibility to verify if this course(s) meets NCAA and college admissions requirements. Not all providers are NCAA approved.**
5. Any course not receiving prior written approval cannot be accepted toward fulfilling graduation requirements.
6. Courses must be completed by term end dates. However, the school counselor may require this course be completed, including final exams, by a specific date in order to meet grade level requirements or graduate on time.
7. *Regarding grade improvement: Per WAC 392-415-055 and WAC 392-415-070, the original grade must remain on the transcript; however, the credit will be removed so it is not calculated in the student’s GPA. The new grade, if higher, will be used in the GPA calculation.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Completes Information Below**

**1. How many outside credits has student taken including this request?** \_\_\_\_\_ **(4 credit limit)**

**2. Reason for requesting outside credit:**

- |  |  |
|--|--|
| <input type="checkbox"/> Acceleration  | <input type="checkbox"/> Course not offered at school                  |
| <input type="checkbox"/> Graduation Requirement (never took class or missing semester) | <input type="checkbox"/> Preferred Learning Style                      |
| <input type="checkbox"/> Schedule Conflict   | <input type="checkbox"/> Credit Retrieval (previously received an “F”) |
| <input type="checkbox"/> Grade Improvement (passed with a C- or below)                 |  |

Number of courses previously taken for grade improvement \_\_\_\_\_ (not to exceed 4 semesters in grades 9-12).

Year originally taken: \_\_\_\_\_ Sem 1  Sem 2  Letter Grade in course \_\_\_\_\_

Other, be specific \_\_\_\_\_

**3. I**  **support**  **do not support this course of study.** Required completion date: \_\_\_\_\_

Core Requirement     Elective Requirement    Total Credit (this request): \_\_\_\_\_

Approved     Not Approved

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Signature (if needed):** \_\_\_\_\_ **Date:** \_\_\_\_\_