

TURKEYFOOT VALLEY AREA SCHOOL DISTRICT

Pre-Approval Form for Awarding of Credit through College Courses

As Listed in School Board Policy 217.2

Student Name: _____ Student ID # _____ School: _____

Grade: _____ Date: _____ Home Telephone Number: _____

College Course Title: _____

Description of the Course: _____

Method of Assessment: _____

Requested by:

1. Student: _____ Date: _____

2. Parent/Guardian: _____ Date: _____

3. Guidance Counselor: _____ Date: _____

Pre-Approval Signatures

All signatures must be received prior to any evaluation

1. School Guidance Counselor: _____ Date: _____

2. Building Principal: _____ Date: _____

3. District Supervisor/Coordinator: _____ Date: _____

Please return the completed form to your guidance counselor

FINAL APPROVAL SIGNATURES

Grade on Final Assessment: _____

Date of Administration: _____

Number of Credits Awarded: _____

Subject Area Coordinator/Supervisor: _____

Building Supervisor: _____

Date Credit Awarded: _____

