



Credit Request Authorization Form

American High School Academy's Credit Request form is a binding contract between the primary school and American High School Academy to ensure credits earned will be accepted by the primary school. This form must be completed before enrolling in the requested course(s).

Instructions:

Enter student information (sign and date), bring to primary school representative (sign and date) and return completed form to American High School Academy.

NOTE: Only the primary school principal, assistant principal, or counselor can authorize this approval to enroll the student in a **credit recovery (CR)** or **regular course (RC)** at American High School Academy. Authorized courses will be used to provide credit as authorized by the sending school.

_____, a student of _____ school, is requesting to take credit recovery or regular course(s) through American High School Academy for the academic year of 20____ - 20_____.

As a Credit Request enrollee, the above student will take the following course(s) through American High School Academy. Note that courses taken as for credit may not meet NCAA eligibility requirements:

	Credit:	Semester:	CR	RC
Course 1: _____	Full <input type="checkbox"/> Half <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course 2: _____	Full <input type="checkbox"/> Half <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course 3: _____	Full <input type="checkbox"/> Half <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The "Primary School" will assume responsibility for ensuring the student has met prerequisites, for maintaining the student records and for updating the student transcript to reflect courses completed through American High School Academy. To facilitate record-keeping, upon completion of course(s), the American High School Academy Registrar will forward an official transcript reflecting all courses completed through our program.

Student Signature: _____ Date: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____ Phone: _____

Signature of Primary School Representative: _____ Date: _____
(Principal, AP, or counselor)

Printed Name of Primary School Representative: _____

Primary School Phone: _____