

Request for Accelerated Credit

Date of Request: _____

Teacher Name: _____

Student Name, Age and ID#: _____

Student Grade Level: _____ Current Total Credit Standing: _____

Most Recent Reading Test Score and Date Given: _____

Most Recent Math Test Score and Date Given: _____

CAHSEE status for English and Math: _____

Number of credits earned at the district(s) prior to community school enrollment: _____

Reason for request and number of accelerated credits requested (please include for which semester of Master Agreement period you are requesting the approval):

of total credits requested: _____ Semester or time period: _____

Copy of transcript from district and copy of most recent Master Agreement should be attached.

Administrative Approval or Denial and Reason: _____

Date: _____

Check-in Dates with administrator:

- 1) _____
- 2) _____
- 3) _____