



## Request for Course Credit Granted by Non-SCS Educational Providers

Complete this form and return to school office or guidance counselor. Fill out one form per course requested.

**Student Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Course Requested:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Seeking To Replace [course name]:** \_\_\_\_\_

**Time Frame to take the Course:** ☐ Summer ☐ Fall ☐ Spring

### Reason Why You are Making Request (Check one)

#### Remediation

- ☐ Remediate 'D' (recommended, original grade reflected but not calculated on the transcript)
- ☐ Remediate 'F' (required, original grade reflected but not calculated on the transcript)

#### Enrichment

- ☐ Course is not offered at SCS
- ☐ College Credit Plus Course (additional steps required to fulfill ODE & university requirements)

#### Schedule Conflict

- ☐ There is a schedule conflict due to a commitment to other courses (*only for 10<sup>th</sup> - 12<sup>th</sup> grade*)

### SCS Student Agreement

1. Student will request the course via the school administration or guidance counselor
2. Within 10 calendar days, student may drop the course with a \$150 penalty (Seven Star)
3. Within 11-28 calendar days, students may drop the course with a \$250 penalty (Seven Star)
4. Fees for withdrawal from other courses will vary based on costs of time and material incurred by the school.
5. Any grade issued by Seven Star or any provider other than SCS, will be reflected on my transcript including "F's"
6. If the class is for remedial purposes, the student must complete all course work prior to the deadline established at registration and prior to receiving a diploma issued by SCS
7. This form is an official request. Admission into a course is at the sole discretion of the school.
8. Violating the school's Responsible Technology Use Policy could disqualify a student from online coursework.

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

**Parent Signature:** \_\_\_\_\_

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BELOW LINE – FOR AUTHORIZED SCHOOL PERSONNEL ONLY

### To be completed by Administration:

Date Form received: \_\_\_\_\_

Guidance Counselor Approval: \_\_\_\_\_

Administration Approval: \_\_\_\_\_

Registration Date with Course Provider: \_\_\_\_\_