

Request for Approval of Extended Learning Opportunity Program of Study

Student Name: _____ Application Date: _____

School: _____ Current Grade: _____

Course/program to be taken and, if applicable, course number: _____

Semester/Year course is to be taken: _____ Location: _____

Course Description: (Please attach)

Reason for Request (check all that apply):

Review for credit/summer school (make-up course work for previously failed course)

Failed course: _____

Advanced course level in a given sequence for upcoming school year

Name of (district school) equivalent course: _____

Earn additional high school credit (check all appropriate options):

___ College course work for high school credit

___ Independent study

___ Distance learning course work (online or virtual high school)

___ Request for credit to be utilized for early graduation

___ Request for credit to be utilized to satisfy core graduation requirements

___ Request for credit to be utilized for elective credit

Other: _____

Rationale for request (attach additional pages if necessary): _____

If course is approved, _____ credits will be awarded upon proof of successful completion.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

School Counselor signature: _____ Date: _____

Principal signature: _____ Date: _____

Copy to: Student/Parent Student File School Counselor



LEGAL REFERENCE:

Idaho Code Sections:

33-506 – Organization and Government of Board of Trustees

33-6401 *et seq.* – Extended Learning Opportunities

ADOPTED: November 19, 2021

AMENDED: