



North Slope Borough School District

Alternative Credit Application

Student Name: _____ Date: _____

Parent's Name: _____ Phone: _____

Address: _____

High School: _____ Grade: _____

I, _____, have read and hereby request permission to apply for the course listed below. I agree to comply with all appropriate policies and regulations of the North Slope Borough School District and the attending institution, and understand that credit will be granted only when the course requirements are satisfied and a transcript attesting to this has been presented to the High School Counselor or Principal. Payment of tuition and course expenses will be my responsibility. The School District is the accrediting institution for high school credit. Responsibility and/or liability rest with the student, parent and/or attending institution.

Student Signature

Parent Signature

Student: List any prior credits earned through Alternative Credit.

This student is recommended for the following course: _____

Name of Attending Institution: _____

Name of Contact Person: _____

Requested Course Title: _____

Course Number: _____ Number of Instructional Contact Hours: _____

High School Credit Requested: .25 .5 1.0 as an: Elective Required

High School Course Replacement: _____

Please attach a course description with competencies and an evaluation statement. This application must be completed prior to the course/activity.

Counselor or Principal Signature Date

The student has completed the necessary application and is eligible to participate in the Alternative Course Program.

Principal Signature Date

Director of Curriculum & Instruction Signature Date