OFF CAMPUS COURSE FORM FOR <u>HEALTH</u> ONLY

Date Received: _____

San Dieguito Union High School District   **OFF CAMPUS <u>HEALTH</u> COURSE PERMISSION REQUEST**

Student Name: _____ ID: _____ Grad Year: _____

No more than 30 credits from the combined areas of college courses, private instruction, or adult school may be transferred onto the high school transcript. Health courses taken off campus are included in the 30 credit limit if the student wants the course on the transcript. It is NOT necessary to have the class placed on the high school transcript.

Students must be enrolled at a SDUHSD high school while attending an off campus class in order to receive credit. No student may begin to acquire high school credits until the day after the completion of the 8th grade. Middle School students may not place off campus classes on their SDUHSD transcript. (Board Policy 6200.1/AR-1)

The San Dieguito Union High School District shall grant credit toward high school graduation for coursework successfully completed at a community college, state college, public or private institution provided that:

- The "Off Campus Course Permission Request Form" must be signed by the student, parent/guardian, counselor and registrar ***prior*** to a student enrolling in the off campus course. Otherwise the course will ***not*** be recorded on the high school transcript.

- The institution where the course is taken must be a WASC or otherwise regionally accredited school.

- **Health courses posted to the transcript will be Pass/Fail.**

- A single (3 unit) college course is equal to a 5 credit high school course.

- Upon the completion of the course, the student must submit an official transcript from the school that includes grade issued and credits earned.

- **Once off campus credits are placed on a transcript, they may *not* be removed.**

Course Title: _____ Course # _____ Credits: _____

Name of accredited school, program, college: _____

Reason for taking this course: _____

Have you taken off campus courses before? _____ How many? _____

Please place this course on my transcript: ☐.   **I DO NOT want this course on my transcript:** ☐

Term: Check all that apply

1st Semester ___ 2nd Semester___1st Quarter ___ 2nd Quarter ___ 3rd Quarter ___ 4th Quarter ___Summer ___

A copy of the course description ***must*** accompany this request.

(1) _____   (3) _____
   Student's signature   High School Counselor's signature

(2) _____   (4) _____
   Parent's signature   Registrar's signature

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