



APPLICATION FOR ELECTIVE CREDIT TRANSFER

- ✓ Please refer to the Florida Department of Education's website to ensure that all general requirements of the course have been met. The website is: <http://data.fldoe.org/crsCode/default.cfm?level=912>
- ✓ Each application must include documentation of the student's work in order to process this application. Documentation will not be returned, so please submit copies.
- ✓ ICS may request additional documentation of this elective course.
- ✓ All requests will be reviewed according to the guidelines of ICS Alternative Curriculum.
- ✓ If this course is accepted, it will appear on the student's transcript. However, transferred courses may not be calculated into the student's overall grade point ratio.

Please have the Instructor of your elective course complete the reverse side and return to the high school office.

Student Name _____ Social Security # _____

Current Grade _____ Date of Birth _____ Home Phone _____

Address _____ City _____

Zip _____ Parent Name _____

ELECTIVE TRANSFER COURSE INFORMATION

Course Title _____ Full Year 1st Semester 2nd Semester

Course taken at (please check one) Home School Other Explain

Name of School _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Instructor's Name _____

Instructor's Qualifications _____

Text/Curriculum Used _____

Was the text completed? Yes No If not, how much was covered? _____

Date course began _____ Date course ended _____ Total number of weeks _____

Total Number of Weeks _____ Hours of direct instruction time per week _____

Time spent outside the class (study/practice time) _____

Student performed on a high school level? Yes No If not, why? _____

Describe the methods of evaluation for this course (types of tests, homework, reports, projects, how much of each, teacher observation, recitals, etc...) _____

Describe the course including all major topics. _____

Instructor's Signature

Date