

CREDIT FLEXIBILITY APPLICATION

Student's Name: _____ Current Grade: _____

Street Address: _____

Student ID: _____ Telephone: _____

C. COURSEWORK

4. Correspondence Learning

Correspondence courses become necessary when students find themselves behind in credits for various reasons. Correspondence courses are offered through various accredited providers and will be explored in situations deemed appropriate by the school counselor and approved by the administration. Students are responsible for associated costs.

Name of course: _____

Name of accredited provider: _____

Begin Date: _____ End Date: _____

Procedures:

1. Complete this application and the application for the accredited provider of the correspondence course.
2. Return applications to your school counselor.
3. Verify approval from CFHS administration and your school counselor.
4. Enroll in the class and successfully complete the class.
5. Submit verification of course completion and grade to school counselor.

For Office Use Only: Application Approved _____ Application Denied _____

School Counselor's Signature _____ Date _____

CFHS Administrator's Signature _____ Date _____
