CREDIT FLEXIBILITY APPLICATION

Student's Nar	me:	Current Grade:	
Street Address	::		
Student ID:		Telephone:	
	C. COUR	<u>SEWORK</u>	
Cuyaho this app	s may earn credit toward graduation by e ga Falls High School or another accredite	nrolling and successfully completing a course at ad high school*. It is important that the student complete the course is required and credit will transfer to associated costs.	
Procedu	res:		
1.	Complete the application.		
2.	Return application to your school counselor within one week of the final day of school.		
3.	3. Identify the class(es) you are interested in taking:		
4.	Identify the high school where you will	take the class: CFHS or	
5.]	Enroll in the class and successfully comp	lete the class.	
6. Submit an official report card or transcript to your school counselor.			
*Check with yo	our school counselor to determine if the su	mmer school of choice is accredited.	
For Office Use	Only: Application Approved	Application Denied	
School Counselor's Signature		Date	
CFHS Administrator's Signature		Date	