



# Distance Delivery Approval Form

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907)761-4042 || F: (907)746-9292

**Special Instructions:** Students wishing to take courses through a distance delivery model for high school credit may do so with prior administrative approval. Students must submit this form to their school counselor. The request must be reviewed and signed before the student may register for the distance delivery course. The Original Form is to be filed in the student's permanent file after approval, one copy is to be filed with the counselor, and one copy is for the student.

Student Name	<input type="text"/>	Student ID #	<input type="text"/>	Phone Number	<input type="text"/>
Mailing Address	<input type="text"/>	Grade Level	<input type="text"/>	Graduation Year	<input type="text"/>
		High School	<input type="text"/>		

*In accordance with BP 6146.2, the above named student requests prior approval for taking the following distance education course:*

Course Name	<input type="text"/>	Final Exam Proctor	<input type="text"/>
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Distance Delivery Course Vendor

- Brigham Young University Independent Study
- North Dakota Division of Independent Study
- Keystone National High School (excluding Keystone Credit Recovery)
- AKLN - Alaska's Learning Network
- Other

*Attach a detailed course syllabus (including topics covered, instructional goals of course, materials being used, assignments required, grading policy, criteria for successful completion, instructional time requirements, proof of accreditation, and instructor's credentials).*

Credit requested for this course is  Required  Elective

Reason for taking this course:  Acceleration  Athletic Eligibility  
 Credit Recovery  Other:

How many Distance Delivery Credits have already been received and/or are in progress?

Please list the course title(s) and choose the status - Completed or In Progress - from the drop-down menu.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*I have read and agree to follow the guidelines of the Mat-Su Borough School District's Other Credit Option Policy. I understand that it is my responsibility to submit and official transcript of my grade(s) in a timely manner in order to receive credit toward graduation.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

*Recommendations (Signature indicates approval of Distance Delivery Credit is recommended)*

\_\_\_\_\_  
School Counselor Signature Date

\_\_\_\_\_  
School Principal Signature Date