



Application for Consideration of Other Credit Options

Office of Instruction
 Mat-Su Borough School District
 501 N. Gulkana
 Palmer, AK 99645
 P: (907) 746-9212 || F: (907) 746-9292

Instructions: This form is to be used for requesting consideration for non-public school courses, supplemental services providers, or for other credit options which are not established by the guidelines of BP6146.2. In order to receive credit, non-public school providers must present evidence that their courses would be equivalent to courses that appear in the current MSBSD Program of Studies. The District reserves the right to require the student to sit for an exam to establish content competency. Researching programs and courses and providing evidence of equivalency to the Office of Instruction is the responsibility of the student. Please note: after all documents are received, the process for consideration may take up to 8 weeks for approval and may take approval of the MSBSD Curriculum Council. The original form is to be filed in the student's permanent file after approval; one copy is to be filed with the counselor; one copy is for the student.

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

In accordance to BP6146.2, the above mentioned student requests prior approval for taking the following course(s):

Course Title:

Attach detailed course syllabi (including topics covered, instructional goals or course(s), materials being used, assignments required, grading policy, criteria for successful completion, instruction time requirements, and, if applicable, proof of accreditation and instructor credentials).

Vendor, Supplemental Service Provider, Private School / Program (if applicable)

I have read and agree to follow the guidelines of the Mat-Su Borough School District's Other Credit Option Policy.

_____	_____	_____	_____
Student Signature	Date	Parent / Guardian Signature	Date

Recommendations (Signature indicates approval is recommended)

_____	_____	_____	_____
School Counselor Signature	Date	School Principal Signature	Date