

**ALTERNATIVE CREDIT APPROVAL FORM**  
**Hononegah Community High School**

- Approval is **required before** HCHS credit will be granted.
- All grades will be posted to the student's transcript upon completion of the course unless the Student Support Services Office is notified in writing that the student does not want the grade to be included on the transcript. However, HCHS Summer School grades must remain on the transcript.
- Alternative credit classes taken outside HCHS do not count toward GPA or Rank.
- All costs associated with alternative credits, including, but not limited to, course fees, mailing, faxing, and copying are the responsibility of the student electing to take the class.

School Counselor \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grad Year \_\_\_\_\_

Student ID # \_\_\_\_\_

Date of birth \_\_\_\_\_

Alternative Credit Purpose:

\_\_\_ Remedial (Repeat course previously failed)

\_\_\_ Required class/credit needed for graduation (Seniors must submit proof of successful completion at least two weeks prior to graduation)

\_\_\_ Required class for college admission

\_\_\_ Enrichment/Drivers Education

Alternative Credit Source:

\_\_\_ BYU (Brigham Young University) (Payment made directly to BYU)

\_\_\_ IVS (Illinois Virtual School) (Payment made directly to IVS)

\_\_\_ Driver's Education -- Name of outside agency \_\_\_\_\_

\_\_\_ Credit Recovery: 1<sup>st</sup> hour or 9<sup>th</sup> hour start date: \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Course description(s) must be attached on all alternative courses except for Driver's Education and Credit Recovery.**

Name and number of course(s) \_\_\_\_\_

Start Date: \_\_\_\_\_

Term: (circle one)      Fall (semester 1)      Spring (Semester 2)

Summer

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

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***office use only***

\_\_\_ No. of alternative credits previously earned

\_\_\_ No. of alternative credits requested on this form

Entered \_\_\_\_\_

\_\_\_ No. of alternative credits previously requested

\_\_\_ Total alternative credits (Maximum of eight alternative credits may be earned toward graduation.)

Counselor signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ Approved    \_\_\_ Denied    Reason for denial: \_\_\_\_\_