



Application for Credit Flexibility

This application must originate in GUIDANCE with Counselor/Student conference

___ Student has had conference with Guidance Counselor regarding this application

Guidance Counselor Signature _____ Date _____

STUDENT INFORMATION

Student Name _____ Grade _____ ID # _____

Student phone and other contact information: _____

Parent/Guardian Name and contact information: _____

Reasons(s) for Application (Check all that apply):

- ___ Credit/Course Advancement ___ Enrolled in PSEO ___ Credit Recovery
- ___ Home instruction ___ Administrative override ___ Transfer from another school
- ___ Health/Medical ___ Other (Please specify) _____

COURSE INFORMATION

Course Title: _____

Course type (check one):

- ___ Transfer course ___ Test-out option ___ A project based course of study

(A detailed syllabus and course description from the academic institution must be attached.)

(A detailed plan must be attached.)

Subject area field (e.g. Physical Science, Fine Arts, Social Studies, etc.): _____

Check here if student is completing a course previously attempted ____.

Explanation/Comment: _____

School Year: _____

Course duration: ___ All Year ___ Semester 1 only ___ Semester 2 only ___ Summer

Amount of course credit requested: _____

ACTION PLAN

Description of what student will do to earn this credit (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Test or assessment | <input type="checkbox"/> Coursework | <input type="checkbox"/> Internet-based learning |
| <input type="checkbox"/> Field experience | <input type="checkbox"/> Summer learning activity | <input type="checkbox"/> Project-based learning |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Independent study |

Name and contact information of organization and/or individual(s) to support your proposed credit earning activity: _____

STUDENT CONTRACT

Student explanation of goals and statement of commitment (*attach extra sheets if necessary*):

I, (student name) _____, understand the Independent Study/Credit Flexibility Option is an intensive process designed to allow me to work at my own pace to complete the assigned work.

To be completed by Director of Academics

Plan is Approved Not Approved

Fee \$_____ (*fee is due before student begins plan and is non-refundable if student does not complete plan*)

SIGNATURES/ROUTING

Guidance Counselor _____ Date _____

Teacher of Record _____ Date _____

Director of Academics _____ Date _____

(Distribution copies made and distributed through Director of Academics' Office – Original to Registrar)

Registrar _____ Date _____

NOTES:

Note: Do not complete this page until the plan has been approved by Chaminade Julianne.

By signing below, we accept this plan and agree to pay the fee listed above. We realize that it is the student's responsibility to fulfill the terms of this plan in the time frame listed. It is also the student's responsibility to submit the proper documentation to CJ before the credit can be issued.

The student and parent must initial each item below as indication of having read and accept the following:

Parent Student

- | | | |
|-------|-------|--|
| _____ | _____ | The student will hold primary responsibility for the overall success or failure of the course. |
| _____ | _____ | The student will be expected to allocate an average of 75 - 90 minutes of every school day to work toward the completion of this course. |
| _____ | _____ | The student will be expected to allocate an average of _____ hours per week working toward the completion of this course. |
| _____ | _____ | The student will be expected to meet with teacher at least _____ times(s) per week. |
| _____ | _____ | The student <u>will actively engage</u> with the teacher and course activities by _____ or the student may be withdrawn from the course and not receive credit. |
| _____ | _____ | The student will have until _____ to <u>complete the course</u> or the student may be withdrawn from the course and not receive credit. |
| _____ | _____ | The student's teacher and/or Director of Academics have the right to cancel this course/credit option if: (1) the student violates any rule/policy stated in the CJ Student Handbook; (2) the student does not regularly and actively engage with the teacher and course material; or (3) the student does not make steady progress toward completion of the course. |
| _____ | _____ | The student must complete all online AS WELL AS offline/other work assigned by the due date stated by the teacher or the student may be withdrawn from the course and not receive credit. |
| _____ | _____ | The instructor reserves the right to remove the student from the course and not receive credit for issues involving plagiarism and copyright violation. |
| _____ | _____ | Weighted grades for credits earned through independent study/credit flexibility will only be awarded for transfer classes designated as approved AP classes. |
| _____ | _____ | The teacher decision regarding a withdrawal from the course may be appealed to the Principal. A letter outlining the reason(s) for the appeal must be received by the Principal within 3 calendar days following notification of withdrawal. The Principal's decision on the appeal is final. |

Student _____

Date _____

Parent _____

Date _____