

Lake Oswego High School
Permission Form to Receive Credit for an Off-Campus Course

Name _____ Graduation Year _____ Date _____

Type of experience:

- _____ **Community College Course** (i.e. Portland Community College)
- _____ **University Course** (i.e. Portland State University, Johns Hopkins CTY program)
- _____ **Online course** (i.e. Brigham Young, Keystone, American Academy)
- _____ **Accredited Internship Course** (i.e. Apprenticeship Science and Engineering)
- _____ **Other** (please specify)

Accredited institution where experience will be conducted: _____

Course title and description: _____

Date of experience: From _____ To _____

Reason for taking the course(s):

- Make-up Failed Course** _____
Course Name & Semester originally taken
- Improve Course Grade** _____
(Elective Credit) Course Name & Semester originally taken
- For Elective Credit**
- For Core Credit –Exception Only---Requires Administrator Approval:** _____

Credits Anticipated (please check): _____ 1/2 unit _____ 1 unit _____ Other

Signatures:

Student _____ Counselor _____
Parent/Guardian _____ Math Teacher _____
(If you are taking a math class for acceleration)

NOTE: To verify appropriate course taken please contact your child’s counselor or summer administrator prior to enrolling in any off-campus class for enrichment or credit recovery.