



ALTERNATIVE COURSE OF STUDY REQUEST

Must be signed by the Principal *before* any alternative course of study pursuant to Board Policy C04.00 is undertaken.

(Except for Alternative Learning Experiences, which require Student Learning Plans)

Student Name: _____ **Student ID#:** _____
Please Print First Last

School: _____ **Yr of Grad:** _____

Date of Proposal: _____ **School Year:** _____

Title & Location of Alternative Course of Study: _____

Duration of Program – Beginning Date: _____ **Ending Date:** _____

Student Participation – Average # Hours/Month: _____

Detailed Description of Learning Activities Student Will Complete: _____

Detailed Description of Student Responsibilities/Assignments/Testing: _____

Detailed Description of Teaching Components of Program: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Principal or Designee Signature: _____ **Date:** _____

Please attach a copy of the curriculum, syllabus, and/or course requirements to this proposal.

Receipt of credit will be contingent upon provision of an official transcript reflecting satisfactory completion of the course, as well as documentation establishing that the work performed in the course meets or exceeds Washington Grade Level Expectations (GLEs).