

Teaneck High School - Summer School/College Course Request Form

Counselor Name: _____

Student:

Last Name	First Name	Grade	Request Date
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Name of Institution Providing Course: _____

Course Name: _____ Course Level: _____ Credits: _____

Course Description (*can be attached*) _____

I am requesting this course for the following purpose: (Check all that apply)

_____ To meet a **Graduation Requirement**

_____ To obtain **Credits**

_____ For **Advancement** (120 hours)

_____ Other (Explain): _____

By signing below you acknowledge that this course is eligible for credits only and will NOT be calculated in the THS GPA:

Student Signature _____

Date _____

Parent Signature _____

Date _____

OFFICE USE ONLY

Decision: _____ Approved _____ Denied

Dir. Of Guidance Signature _____ Date _____

Reviewed by: ___ Guidance Director ___ School Counselor ___ Subject Supervisor

Course Name to be entered in system _____

Transcript Received: _____ Grade Earned: _____ Credits Approved: _____ Level _____

Date Entered in system: _____

Initials: _____ Comments: _____

*Submit Form to Student's School Counselor **and** Mr. Hollis via email*

Charles Hollis, chollis@teaneckschools.org.

For questions please contact:

Director of Guidance, Keshia Golding-Cooper,

Email: kcooper@teaneckschools.org