



## OUTSIDE COURSE CREDIT APPROVAL FORM

### INSTRUCTIONS

1. Pre-approval is required for ALL Non-LCHS Courses in order to receive credit on the LCHS transcript.
2. Approval must be received before the course is taken.
3. The course must meet LCUSD Board Policy requirements for transferable credit and the LCHS Site Policy, included in the LCHS Course Catalog.
4. No credit will be added to the student's transcript until an official transcript is received by the La Cañada High School Registrar/SIS Specialist. Please allow up to 2 weeks for processing.
5. Maximum of 40 out-of-district and/or online course credits are allowed over the course of high school.
6. If requesting an online course for advancement, the school must be based in California.
7. A copy of the course description must be attached to this form, including a description of the course, proof of accreditation (e.g. WASC), A-G approval, NCAA approval (if applicable).

**Students and parents/guardians are responsible for researching whether or not a non-LCUSD program and course is currently A-G approved (<https://hs-articulation.ucop.edu/agcourselist>) and WASC accredited.**

**If you are a student-athlete planning to play NCAA Division I or II collegiate athletics, you must verify that the online/non-LCUSD program and course are approved by NCAA (<https://web3.ncaa.org/ecwr3/>).**

**By signing this document, you are confirming that you understand that it is the responsibility of the student and/or parent(s)/guardian(s) to research the outside program.**

STUDENT NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_ CURRENT GRADE LEVEL \_\_\_\_\_

TITLE OF REQUESTED OUTSIDE COURSE: \_\_\_\_\_ (EXACTLY AS LISTED)

NAME OF SCHOOL/INSTITUTION OF OUTSIDE COURSE: \_\_\_\_\_

CREDITS TO BE EARNED: \_\_\_\_\_ SEMESTER 1 ONLY \_\_\_\_\_ SEMESTER 2 ONLY \_\_\_\_\_ BOTH SEMESTERS

COURSE TAKES PLACE IN THE: \_\_\_\_\_ FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER

EXPECTED COMPLETION DATE: \_\_\_\_\_

PROGRAM TYPE: \_\_\_\_\_ ONLINE \_\_\_\_\_ IN-PERSON

REASON FOR ENROLLMENT: \_\_\_\_\_ ADVANCEMENT \_\_\_\_\_ REMEDIATION OF D/F \_\_\_\_\_ CREDIT RECOVERY

STUDENT \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_  
Signature Date Signature Date

SUBMIT FORM AND ATTACHMENTS TO THE PRINCIPAL'S OFFICE OR EMAIL TO [asarkissian@lcusd.net](mailto:asarkissian@lcusd.net)

### OFFICE USE ONLY

APPROVED/DENIED \_\_\_\_\_ DATE \_\_\_\_\_

ADMINISTRATOR SIGNATURE

REASON FOR DENIAL:

Exceeds credit limit \_\_\_\_\_ Exceeds yearly limit \_\_\_\_\_ Not CA based \_\_\_\_\_ Not A-G/WASC Accredited \_\_\_\_\_

Independent Study \_\_\_\_\_ Course Description not attached \_\_\_\_\_ Other \_\_\_\_\_

INITIAL WHEN COMPLETE: LOGGED IN EXCEL \_\_\_\_\_ LOGGED IN AERIES \_\_\_\_\_