

26509 Carl Boyer Drive Santa Clarita, CA 91350
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Counselor Approval Form 2018-19



(Student Last)	(Student First)	(Middle Initial)
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Permission for Dual Credit Transfer to a Public School

Name of Public School _____

School Street Address _____

School City and Zip Code _____

	Course Title	Course Credits		
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>

Reason for Taking Course (s)

- Course Not Offered
- Credit Recovery
- Improve Grade
- Enrichment
- Schedule Conflict

_____ <i>Counselor Name (print)</i>	_____ <i>Counselor Signature Approval</i>	_____ <i>Parent Signature</i>	_____ <i>Student Signature</i>
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Student Academic Information

- I am a student seeking D1 and or D2 eligibility
- I am a student that must complete a course within a given time (DD/MM/YR) _____ / _____ / _____
- I am a SENIOR