



Montclair HS External Course Request Form

Team Office: _____ Counselor Name: _____

Student: _____

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

Is this program accredited? ___ Yes ___ No If yes, by whom? _____

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**
 To **Transfer Credit** from another School
 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 MHS GPA:

Student Signature _____ Date _____

Parent Signature _____ Date _____

OFFICE USE ONLY

Decision: _____ Approved _____ Denied

Principal Signature _____ Date _____

Reviewed by: ___ Guidance Director ___ Assistant Principal ___ Director of Curriculum

Course Name to be entered in system _____

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

Date Entered in system: _____

Initials: _____ Comments: _____

*Submit Form to the Secretary to the Director of School Counseling, Susan Iovine:
Montclair High School Guidance Office, 100 Chestnut Street, Montclair, NJ 07042 or email
siovine@montclair.k12.nj.us.*