



NORTHWEST LOCAL SCHOOL DISTRICT
College Credit Plus 2019-2020
Credit Verification Form

A signed copy of this form must be on file in the High School office before a student starts this class. Northwest Local School District personnel cannot be responsible for changes in credit or weight that result from students starting class without prior approval.

I. STUDENT INFORMATION

Name _____

Social Security # _____ ID # _____

Address _____

Guardian 1 _____ Phone _____

Guardian 2 _____ Phone _____

Academic Year 20____ - ____ Student's Grade: 7 8 9 10 11 12

School _____ Counselor _____

II. COLLEGE INFORMATION

Name of School/College _____

Contact Person _____ Phone _____

Address _____ Zip _____

III. COLLEGE CREDIT PLUS ENROLLMENT OPTION PROGRAM COURSE INFORMATION

Title & Course Code _____ Credit Hours _____ Sem. Qtr.

Grade: L P/F Times: _____ Days: _____ Dates: _____

IV. HIGH SCHOOL CREDIT INFORMATION (For School Use)

Graduation Requirement Status _____

Comparable Course # _____ Title _____

Level: AP Credits

(OVER)



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NORTHWEST LOCAL SCHOOL DISTRICT AUTHORIZATION

The College Credit Plus Enrollment Option Program outlined above meets all Northwest Local School District criteria and the above named student is authorized to participate.

District Administrator

Date

PARENT/STUDENT VALIDATION

- We accept the College Credit Plus Enrollment Option Program outlined above.
- We do not accept the College Credit Plus Enrollment Option Program outlined above and request a conference to resolve the matter.

Student Signature

Date

Guardian Signature

Date