



Palos Verdes Peninsula Unified School District

OUT-OF-DISTRICT COURSE APPLICATION – Summer 2024

(Pursuant to Board Policy 6146.1 and 6146.11)

DUE May 1, 2024

Course Completion Deadline: Last Day of Corresponding PVPUSD Semester
Final Transcript DUE: Two Weeks After Completion of Corresponding PVPUSD Semester

Student Name: _____ Grade: _____ DOB: _____

Parent: Please read and initial each of the following indicating your agreement:

- _____ I understand it is the student’s responsibility to complete all parts of this agreement.
- _____ I understand that the student is responsible to ensure courses he/she enrolls in outside of PVPUSD will meet requirements for college admission and NCAA eligibility.
- _____ I understand the student’s transcript will reflect courses completed through an online high school or off-campus program.
- _____ I understand that if this course is a graduation requirement, it must be completed by the date listed above for the course to appear on my PVPUSD transcript and submitted to your counselor and the registrar (cordovad@pvpusd.net).
- _____ I understand that pursuant to District Administrative Regulation 6146.11 that no more than 40 credits of non-PVPUSD instruction are credited to a student towards graduation, with a maximum of 20 credits per academic discipline.
- _____ I authorize my son/daughter to enroll in an online / off-campus course.
- _____ I understand courses **MUST** be completed and the transcript submitted by the deadline listed at the top of this page regardless of the institution’s deadline.
- _____ I have reviewed the student’s course load and believe they will be able to manage the increased workload.
- _____ I understand that PVPUSD is not responsible for the cost, the course, or institution offering the class.
- _____ I understand that the student is responsible for having an official transcript sent to his/her high school, if they want the course added to their PVPUSD transcript, by the deadline listed above.
- _____ I understand that as a parent/guardian I am assuming full responsibility to ensure my student completes this course according to the PVPUSD guidelines listed above and meets all deadlines as required.
- _____ I understand final approval to have this class added to the student’s PVPUSD transcript is subject to High School Administrative approval.

Institution Name: _____ Course Title: _____

There are commonly known online external agencies used by PVPUSD families. However, PVPUSD does not have articulated agreements with these agencies, nor would PVPUSD have access to your student’s information while attending these external programs. Therefore, all external courses must be vetted through your high school, beginning with your counselor, prior to enrolling in any out-of-District courses.

_____ By initialing here, I (parent/guardian) have investigated and am verifying the WASC Accreditation of the institution and the UC/CSU approval for the course requested. UC/CSU approved course list can be found at <https://hs-articulation.ucop.edu/aqcourselist#/list/search/all>.

Summer session is considered the first session of the upcoming school year. There will be **no weighted Grade Point Average (GPA)** apportioned to students for out-of-district courses. Credits earned for advanced or college level courses will be converted to the number of equivalent high school credits (E2 6146.1).

Student Signature: _____ Parent Signature: _____

Complete this form and return to your student’s counselor for review and approval.

Counselor Approval: Yes No Original Credit: Remediation: Current Out-of-District Credits: _____

Counselor Signature: _____ Date: _____

Associate Principal Final Approval: Approved Not Approved

Associate Principal Signature: _____ Date: _____