Request for Course Taken Outside of BCPS for Credit

- Prior approval must be granted for the awarding of any credit course taken for credit outside of Baltimore County Public Schools by currently enrolled students.
- Approval will not be given for original credit for HAS or PARC-bearing courses.
- Online course enrollment requests are processed through the Office of eLearning. Online courses taken outside of BCPS will not be approved.

<table>
<thead>
<tr>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra I</td>
</tr>
<tr>
<td>Algebra/Data Analysis</td>
</tr>
<tr>
<td>American Government</td>
</tr>
<tr>
<td>Biology</td>
</tr>
<tr>
<td>English 10</td>
</tr>
</tbody>
</table>

Part I

Name of Student_________________________________________

Name of Counselor_________________________________________

Phone____________________ e-mail____________________

Requested Course_________________________ to replace BCPS course entitled_________________________

___ Elective
___ Graduation requirement
___ Previously taken and failed
___ Not previously taken

From:_________________________________________

(college, university, other accredited source)

Reason for request: (may be attached)

Signature of School Counselor_________________________ Date________

Signature of Curricular Department Chair____________________ Date________

Signature of Principal_________________________ Date________

Note: Success in the outside program does not guarantee future placement in any special program.

Part II

To be completed by the curricular office

Curricular Office: Office of_________________________

Approved for: BCPS course name_________________________ Level ___ (Standard, Honors)

BCPS Course number_________________________

Credit_______

Denied_______ Reason:

Approved or Denied by: ______________________ Date_________________

Note: Signature verifies that curricular office has approved this course as matching the Maryland Curriculum, Core Learning Goals, and BCPS curriculum. It does not assure future placement in any program or course.

Part III

To be completed by the high school counselor upon receipt of final grade:

Course name_________________________

Approved/Accepted for_________________________

Final Grade_______

Course credit earned_______

Signature_________________________ Date_________________

Copy to counselor, student, curricular office, and student file