Waiākea High School Credit Request Form

(non-Hawaii DOE Courses)

Student Name:					
Print Last Name Counselor:	Grade Level (select one):	12	First Nam 11	10	9
School/Program Course is offered through:					
Course Name/Title:					
		se Dates:			
Purpose for taking the course (Select one a	nd explain):				
Acceleration	Enrichment	Credit R	ecovery	/	
credit earned. Attach official course descr A course schedule or confir WHS Registrar before the c An official transcript or representation. The student/parent/guardian are read any other related expenses. The student/parent/guardian unde	mation of registration in the above named ourse start date, or immediately upon regort card must be submitted to the WHS Responsible for tuition and other course feet rstand that the Hawai'i State Department the student is not on the high school campu	d course mistration. egistrar wies, books, s	nust be thin tw supplie	submitt o (2) we s, transı	eeks of
Student Signature:			Date	e:	
Print Parent/Guardian Name:		Phon	e:		
Parent/Guardian Signature:					
Counselor Approval:					
Registrar Approval:			Date	e:	
Official Use Only:				••••••	
Date Form Received: App Date Report Card/Transcript Received:	proved ACCN: Approved Course Title:		Initial	:	

by: _____

Date Transcript Updated: