Las Virgenes Unified School District
Concurrent Enrollment Form

This form must be completed, returned to Counseling Office, and approved prior to the start of instruction.
This form is to be used for requesting permission to enroll in:

- An Out-of-District class through an accredited school or program; an approved online class;
- A two-year and/or four-year college class*
- I have received a copy and understand the policies and procedures of **AR 6146.12 Concurrent Enrollment/Dual Credit (see next page).**
- District drop deadlines are still in effect.

District guidelines allow students to enroll in specific classes that may be included on the student's transcript; may meet certain graduation requirements; may be used to extend or accelerate a student's academic program; may be used for make-up credit.

Last Name First Name Middle _____ Date of Birth _____

Address _____ Telephone _____

Reason for Request (remediation, advancement, other): Foreign language credit

Current Grade Level _____ Session: 1st Sem ☐ 2nd Sem ☐ Summer ☐ Year ☐

Course Title: Hebrew

REQUIRED: ATTACH A COPY OF THE COURSE DESCRIPTION FROM OUT-OF-DISTRICT HIGH SCHOOL, COLLEGE, OR ON-LINE CATALOG

Name of College _____ Name of Online Program _____

Please note: It is the responsibility of the student upon completion of a course for high school credit to request an official transcript be sent to the high school Registrar. This form must be completed each year prior to class being approved/not approved.
Course must be completed and transcript submitted to Registrar by: _____

I UNDERSTAND THAT CREDIT CANNOT BE GIVEN FOR INSTRUCTION WITHOUT PRIOR APPROVAL FROM THE PRINCIPAL OR DESIGNEE BEFORE INSTRUCTION BEGINS.

If approval is granted, the course meets LVUSD graduation requirements. It is the students/parents responsibility to verify college/university/NCAA acceptance.

This course may (or) may not be used as a prerequisite for other courses. If permitted, student needs to arrange to take the final exam by contacting the department chair and pass the final with a "C" or better.

Student Signature* _____ Date _____

Parent Signature* _____ Date _____

***If requesting two or four year college class, I understand and will follow AR 6146.12 (see next page).**

Request denied: Reason: _____

I am requesting approval for:

- ☒ LVUSD credit on the student's transcript
- ☐ College credit only – *student may attach college transcript to high school transcript when applying to college*
- ☐ Dual High School/College Credit (elective credit only)

Signature of Counselor _____ Signature of Principal or Designee _____ Date Approved _____

Ed Services 4/28/15 ka **Copy to Cum** **Copy to Student**

Las Virgenes Unified School District

READ ADMINISTRATIVE REGULATIONS, PRINT COMPLETED FORM, PARENT & STUDENT SIGNATURE REQUIRED AND TURN IN TO THE COUNSELING OFFICE FOR APPROVAL PRIOR TO TAKING THE CLASS