



ALTERNATIVE COURSE OF STUDY PROPOSAL

Must be signed by the Principal *before* any Alternative Course of Study allowed for under Board Policy C04.00 is undertaken, except for Alternative Learning Experiences, which require Student Learning Plans

Student Name: _____ Student ID#: _____

School: _____ Grade Level: _____

Date of Proposal: _____ School Year: _____

Title & Location of Alternative Course of Study:

Duration of Program – Beginning Date: _____ Ending Date: _____

Student Participation – Average # Hours/Month: _____

Detailed Description of Learning Activities Student Will Complete:

Detailed Description of Student Responsibilities/Assignments/Testing:

Detailed Description of Teaching Components of Program:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Principal or Designee Signature: _____ Date: _____

Please attach a copy of the curriculum, syllabus, and/or course requirements to this proposal.

Receipt of credit will be contingent upon provision of an official transcript reflecting satisfactory completion of the course, as well as documentation establishing that the work performed in the course meets or exceeds Washington Grade Level Expectations (GLEs).