

Mahopac High School

Phone: 845-628-3256 Fax: 845-628-3350/4380

421 Baldwin Place Road, Mahopac, New York

Transfer/Alternative Credit Request Form

Introduction

Per NYSED regulation, the principal can award transfer credit for work done at other educational institutions, online and through independent study. The decision to award credit is based on whether the student's record indicates that the work is consistent with New York State commencement level learning standards and is, of comparable scope and quality to that which would have been completed at Mahopac High School. Per NYSED regulation, independent study credits may be used as "elective credits" only. A school-based panel consisting of the principal, a teacher in the subject area, and a guidance counselor or other administrator, will review requests. Students should seek approval prior to registering for the course.

Student Information			
Student Name:		Grade: Da ⁻	te:
Phone:	e-mail:	Counse	lor:
Course Request Information			
Educational Institution Affiliated with th	nis Course:		
Website:	Contac	t Person Name:	
Contact Person Phone:		Contact Person e-mail:	
Teacher Name:	Teache	Teacher Phone/e-mail:	
Is the Teacher a NYSED Certified Teache	er in this subject?	YES NO	OON'T KNOW
A Course Description is Attached:	YES NO I	f no, why not?	
Describe the Grading System (pass/fail,	letter grades, 100 point	scale, etc.):	
Course Start Date: Cour	se End Date:	Hours Per Week:	Total Hours
Reason for taking this course:			
Submit this form to Dr. Matt	hew Lawrence – MHS Prin	cipal at MHS or lawrencem@ma	ahopac.k12.ny.us
For Administrative Use: Date of Review	<i>y</i> :	Approve	ed Denied
Additional Notes			