LA CANADA HIGH SCHOOL
OUTSIDE COURSE CREDIT APPROVAL FORM
Required for ALL Non-LCHS Courses

INSTRUCTIONS

1. This form must be completely filled out.
2. Approval must be received before the course is taken.
3. The course must meet LCUSD Board Policy requirements for transferable credit and the LCHS Site Policy included in the 2022-2023 LCHS Course Catalog.
4. No credit will be added to the student's transcript until an official transcript is received by the La Cañada High School Registrar/SIS Specialist. Please allow up to 2 weeks for processing.
5. Maximum of 40 out-of-district and/or online course credits are allowed over the course of high school.
6. If requesting an online course for advancement, the school must be based in California.
7. A copy of the course description must be attached to this form, including a description of the course, proof of accreditation (e.g. WASC), A-G approval, NCAA approval (if applicable).

Students and parents/guardians are responsible for researching whether or not a non-LCUSD program is currently A-G approved (https://hs-articulation.ucop.edu/agcourselist) and WASC accredited. If you are a student-athlete planning to maintain NCAA I or II eligibility for collegiate athletics, you must additionally verify that the online/non LCUSD program and course are approved through NCAA (https://web3.ncaa.org/ecwr3/).

Please initial here to indicate that you understand it is the responsibility of the family to research the outside programs, A-G approval, accreditation, and NCAA approval and that it must be attached to this form:

STUDENT_____ **PARENT/GUARDIAN**_____

PLEASE PRINT

STUDENT NAME _____ **STUDENT ID#**_____**CURRENT GRADE LEVEL**_____

TITLE OF REQUESTED OUTSIDE COURSE:_____ (EXACTLY AS LISTED)

NAME OF SCHOOL/INSTITUTION OF OUTSIDE COURSE:_____

CREDITS TO BE EARNED: _____*SEMESTER 1 ONLY* _____*SEMESTER 2 ONLY* _____*BOTH SEMESTERS*

COURSE TAKES PLACE IN THE: _____FALL _____WINTER _____SPRING _____SUMMER

REASON FOR TAKING THE COURSE:
_____*ADVANCEMENT* _____*REMEDIATION (repeat for D or F)* _____*CREDIT RECOVERY*

PROGRAM TYPE: ____*ONLINE* ____*IN-SEAT*

EXPECTED DATE OF COMPLETION: _____

STUDENT_____ **PARENT/GUARDIAN**_____
Signature Date Signature Date

SUBMIT THIS COMPLETED FORM TO MRS. HICKLIN (lhicklin@lcusd.net). DO NOT WRITE BELOW THIS LINE.

APPROVED/DENIED_____ DATE _____
ADMINISTRATOR SIGNATURE

REASON FOR DENIAL:
Exceeds credit limit_____ Exceeds yearly limit_____ Not CA based____ Not A-G/WASC Accredited_____
Independent Study_____ Course Description not attached_____ Other_____

INITIAL WHEN COMPLETE: LOGGED IN EXCEL_____ LOGGED IN AERIES_____

ORIGINAL LOGGED, KEPT ON FILE *COPY AVAILABLE UPON REQUEST* **FORM REVISED DECEMBER 2019*