



Montclair HS External Course Request Form

Team Office: _____ Counselor Name: _____

Student: _____

Last Name	First Name	Grade	Request Date
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Name of Institution Providing Course: _____

Is this program accredited? ___ Yes ___ No If yes, by whom? _____

Course Name: _____ Course Level: _____ Credits: _____

Course Description (*can be attached*) _____

I am requesting this course for the following purpose: (Check all that apply)

___ To meet a **Graduation Requirement** ___ To obtain **Credits**

___ To **Transfer Credit** from another School ___ For **Advancement** (120 hours)

___ Other (Explain): _____

By signing below you acknowledge that this course is eligible for credits only and will NOT be calculated in the MHS GPA:

Student Signature _____ Date _____

Parent Signature _____ Date _____

OFFICE USE ONLY

Decision: ___ Approved ___ Denied

Principal Signature _____ Date _____

Reviewed by: ___ Guidance Director ___ Assistant Principal ___ Director of Curriculum

Course Name to be entered in system _____

Transcript Received: ___ Grade Earned: ___ Credits Approved: ___ Level _____

Date Entered in system: _____

Initials: _____ Comments: _____

*Submit Form to Student's Guidance Counselor at:
Montclair High School Guidance Office, 100 Chestnut Street, Montclair, NJ 07042 or email
the Secretary to the Director of Guidance, Susan Iovine, siovine@montclair.k12.nj.us .
For questions please contact: Director of Guidance, Dustin Bayer,
Telephone: 973.509.4118
Email: dbayer@montclair.k12.nj.us*