

To be completed by March 1

ST-8

Notice of Intent to Challenge for Credit

Parent / Guardian Approval Form

Student Surname: _____ Given Names: _____

Course to be Challenged: _____ Grade Level: _____

Parent and Student Declaration:

I have read and understand the School Division policy on Challenge for Credit Option. I understand that if approved, the mark, which the student receives will count for 100% of the final mark (except for those courses which have a Provincial Standard Test)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Previous Courses taken in the Subject area:

Course	School/Teacher	Final Mark
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be completed by the student and attached to this form:

Please attach a short essay, which includes information on:

- Reasons for the challenge for credit request.
- Educational goals and long term career ambitions
- Special interests and skills related to the course
- How you are planning to demonstrate that you have acquired the knowledge skills and attitudes, which make up this course.

To be completed by March 15

Challenge for Credit Option

Letter of Agreement Between the Student and the School ST-8

Surname: _____ Given Names: _____

School: _____ Grade: _____

Name of Parent/Guardian: _____

Course Student wishes to Challenge:

Course Name	Grade Level	Department Code
_____	_____	_____

To be completed by the Principal:

The student will be required to submit the following which will be used in assessing if they are entitled to Challenge for Credit: (Principal is to check off appropriate sections)

- _____ Letter(s) of recommendation from teacher(s) familiar with the course learning outcomes.
- _____ Letter(s) of recommendation from members of the community.
- _____ Transcript
- _____ A portfolio of relevant work
- _____ Proof of successful academic achievement
- _____ Proof of independent learning in a relevant area
- _____ Samples of work
- _____ Other (specify) _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use: To be completed by April 1st

Date application received: _____

Principals Decision: _____ Challenge Approved _____ Challenge Not Approved

Date decision made _____ **Date Student Informed of Decision:** _____

Challenge for Credit
Assessment Strategies
Final Report Form

ST-8

This form is to be filled out by the teacher and handed in to the Principal by May 15th.

ASSESSMENT STRATEGIES	DATE COMPLETED	LEVEL OF ACHIEVEMENT
Provincial Exam (where required & when available)		

Percentage Grade: _____

Signatures

Subject Teacher: _____

Date: _____

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

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