

Date Received: \_\_\_\_\_

Gunn High School  
**OFF CAMPUS COURSE PERMISSION REQUEST**

Student Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

**No more than 40 credits** from the combined areas of college courses, private instruction, or adult school may be transferred onto the high school transcript (*BP 6146.1*). Students must be enrolled at Gunn High School while attending an off campus class in order to receive credit on a PAUSD transcript.

Gunn High School shall grant credit toward high school graduation for coursework successfully completed at a community college, state college, public or private institution provided that:

- The “Off Campus Course Permission Request Form” must be signed by the student, parent/guardian, counselor, registrar and Assistant Principal of Student Services, prior to a student enrolling in the off campus course. Otherwise the course will not be recorded on the high school transcript.
- The institution where the course is taken must be a WASC or otherwise regionally accredited school (student is required to attach documentation of accreditation).
- Students may not take more than 80 credits total in one year combined.
- The student shall receive the same letter grade for the high school credit as is granted by the college or private institution. Please be aware Community College classes will not receive AP credit.
- A single (5 unit) community college course is equal to year-long (10 credit) high school course. College courses or private school honors/AP courses do not receive weighted credit on Gunn High School transcripts.
- Upon the completion of the course, the student must submit an *official transcript* from the school that includes grade issued and credits earned to the registrar.
- Once off campus credits are placed on a transcript, they will not be removed.
- It is the student/family’s responsibility to confirm if the requested course is college/A-G approved.

Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_ Credits: \_\_\_\_\_

Name of accredited school, program, college: \_\_\_\_\_

Reason for taking this course: \_\_\_\_\_

Have you taken off campus courses before? \_\_\_\_\_ How many? \_\_\_\_\_

Term:

Check all that apply

1 st Semester \_\_\_\_\_ 2 nd Semester \_\_\_\_\_ Summer \_\_\_\_\_

A copy of the course description must accompany this request.

(1) \_\_\_\_\_  
Student's signature

(2) \_\_\_\_\_  
High School Counselor's signature

(3) \_\_\_\_\_  
Parent's signature

(4) \_\_\_\_\_  
Registrar's signature

*Office Use Only:*

This course request was approved: \_\_\_\_\_

This course request was denied: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of AP, Student Services**