

RIVERVIEW SCHOOL DISTRICT #407

Request for High School Credit

For

Qualified Math Course Completed in Grade 7 and/or Grade 8 at Tolt Middle School

Student Name _____

Course Title _____

Year Course Was Taken: _____

Important: All QUARTER grades will be included in the cumulative GPA.

Parent/Guardian _____ Phone: _____

(Please Print)

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

****PLEASE CONSIDER CAREFULLY.....ONCE THIS COURSE IS ADDED TO YOUR TRANSCRIPT,
IT CANNOT BE REMOVED****

_____ Date: _____

(Counselor Signature)