



INTERNATIONAL  
COMMUNITY SCHOOL

## APPLICATION FOR ELECTIVE CREDIT TRANSFER

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- ✓ Please refer to the Florida Department of Education's website to ensure that all general requirements of the course have been met. The website is: <http://data.fldoe.org/crsCode/default.cfm?level=912>
- ✓ Each application must include documentation of the student's work in order to process this application. Documentation will not be returned, so please submit copies.
- ✓ ICS may request additional documentation of this elective course.
- ✓ All requests will be reviewed according to the guidelines of ICS Alternative Curriculum.
- ✓ If this course is accepted, it will appear on the student's transcript. However, transferred courses may not be calculated into the student's overall grade point ratio.

**Please have the Instructor of your elective course complete the reverse side and return to the high school office.**

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Parent Name \_\_\_\_\_

ELECTIVE TRANSFER COURSE INFORMATION

Course Title \_\_\_\_\_ Full Year  1<sup>st</sup> Semester  2<sup>nd</sup> Semester

Course taken at (please check one) Home  School  Other  Explain

\_\_\_\_\_  
\_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Instructor's Qualifications \_\_\_\_\_

Text/Curriculum Used \_\_\_\_\_

Was the text completed? Yes  No  If not, how much was covered? \_\_\_\_\_

Date course began \_\_\_\_\_ Date course ended \_\_\_\_\_ Total number of weeks \_\_\_\_\_

Total Number of Weeks \_\_\_\_\_ Hours of direct instruction time per week \_\_\_\_\_

Time spent outside the class (study/practice time) \_\_\_\_\_

Student performed on a high school level? Yes  No  If not, why? \_\_\_\_\_

Describe the methods of evaluation for this course (types of tests, homework, reports, projects, how much of each, teacher observation, recitals, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the course including all major topics. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date