



# Egg Harbor Township High School

## Application for Option II Credit

N.J.A.C. 6A:8-5.1(a) 1.ii

### Option II Application Guidelines:

- Complete and submit this application, *along with a course description* (if applicable) to the Guidance Office by May 1<sup>st</sup> for summer session, by Aug. 1<sup>st</sup> for fall session, and Jan. 15<sup>th</sup> for spring session.
- Option II courses require prior approval by the Department Supervisor and/or Guidance Director and must meet Common Core/NJ Core Curriculum Content Standards. It is the student's responsibility to provide a syllabus or course description along with this application.
- Your signature indicates that you have read and understand all guidelines/procedures as outlined in the EHTHS Program of Studies (online).

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested Course:** \_\_\_\_\_ **School Counselor:** \_\_\_\_\_

**Provider (check one):** \_\_\_ ACCC \_\_\_ Educere (online) \_\_\_ NJVS (online) \_\_\_ Other: \_\_\_\_\_

### Reason for Request (select one):

\_\_\_ **Credit Recovery:** I am seeking credit recovery for a course that I have taken and failed at EHTHS.

\_\_\_ **Independent Study:** I am seeking original credit for a course not offered by EHTHS and I have exhausted all other EHTHS course offerings in the subject area. \*Separate application required

\_\_\_ **Acceleration Credit:** I am seeking original credit for the purpose of advancing to the next level in a specific content area. \*EHTHS final assessment may be required prior to granting of credit for *online* courses.

\_\_\_ **Original Credit:** I am seeking original credit in the area of Financial Literacy, Fine/Performing Arts, or Practical Arts. \*EHTHS final assessment may be required prior to granting of original credit.

\_\_\_ **Dual Credit:** I am seeking to enroll in dual credit for the following course: \_\_\_\_\_

\*Parent permission is required for all RSC dual credit courses prior to completing the RSC online application.

**Rationale for Request:** \_\_\_\_\_

**Expected Start Date:** \_\_\_\_\_ **Expected Completion Date:** \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_

*For Official Use Only*

\_\_\_ Approved  
\_\_\_ Denied – Reason: \_\_\_\_\_

\_\_\_ EHTHS Assessment Required  
\_\_\_ Parent Notification, Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_