



Online Course Prior Approval Form

***If students are interested in taking online courses outside of approved GCS course providers, prior approval is strongly recommended to ensure the course will be accepted for credit.*

Date of Request: _____

GCS School Name: _____

Student Name: _____ Grade: ____ ID #: _____

Parent Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Name of Online Course to be taken: _____

Type of Course (please circle): **Original Credit** **Credit Recovery**

Name of School or Program Offering Course: _____

Address of School or Program Offering Course:

Street City State Zip Code

School or Program Representative: _____

Phone: _____

In order to receive credit for the course listed above, the following criteria must be met:

- A description of the course must be supplied to the home school with a completed copy of this form.
- An official final grade must be supplied to the home school upon completion of the course.
- An official documentation of testing, if applicable, must be supplied to the home school upon completion of the course.

Principal's signature: _____ Date: _____

GCS Blended Learning department approval:

Approved (signature): _____ Date: _____

Not approved (signature): _____ Date: _____

Reason Not Approved: _____

Guilford County Schools principals or counselors:

Please send this form to the GCS Blended Learning Department at 501 W. Washington Street—Greensboro, NC 27401