



Distance Delivery Approval Form

Print Form

Office of Instruction
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907)746-9212 || F: (907)746-9292

Instructions: Students wishing to take courses through a distance delivery model for high school credit may do so with prior administrative approval. Students must submit this form to their school counselor. The request must be reviewed and signed before the student may register for the distance delivery course. The Original Form is to be filed in the student's permanent file after approval, one copy is to be filed with the counselor, and one copy is for the student.

Student Name Student ID # Phone Number
 Grade Level Graduation Year
 High School

In accordance with BP 6146.2, the above named student requests prior approval for taking the following distance education course:

Course Name Final Exam Proctor

Distance Delivery Course Vendor:

- Brigham Young University Independent Study
- North Dakota Division of Independent Study
- Keystone National High School (excluding Keystone Credit Recovery)
- Other

Attach a detailed course syllabus (including topics covered, instructional goals of course, materials being used, assignments required, grading policy, criteria for successful completion, instructional time requirements, proof of accreditation, and instructor's credentials).

Credit requested for this course is Required Elective

Reason for taking this course: Acceleration Athletic Eligibility
 Credit Recovery Other:

How many Distance Delivery Credits have already been received and/or are in progress?

Please list the course title(s) and choose the status - Completed or In Progress - from the drop-down menu.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I have read and agree to follow the guidelines of the Mat-Su Borough School District's Other Credit Option Policy. I understand that it is my responsibility to submit an official transcript of my grade(s) in a timely manner in order to receive credit toward graduation.

Student Signature Date

Parent/Guardian Signature Date

Recommendations (Signature indicates approval of Distance Delivery Credit is recommended)

School Counselor Signature Date

School Principal Signature Date