



# Ramsey High School

256 East Main Street  
Ramsey, New Jersey 07446

Phone: (201) 785-2300 . Fax: (201) 818-2656

## Application for Option II Credit

N.J.A.C. 6A: B-5.1{a} 2

### Section 1: Student Information

Student Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School Counselor: \_\_\_\_\_

### Section 2: Course/Program Information

Name of Course/Program: \_\_\_\_\_

School (On-line HS, college, etc.): \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Section 3: Reason for Request (Please check one box):

- Credit Recovery: used to recover credit lost due to a failing grade or "no credit" status
- Advanced/Acceleration Credit: used to advance to the next level in a specific content area (additional application required)
- Additional Credit: used to supplement a student's transcript (check this for on-line Financial Literacy/Personal Finance courses)
- College Credit: courses taken at an accredited two- or four-year college/university
- Independent Study (additional application required)
- Service Learning (additional application required)

Rationale for Request (attach additional sheets as necessary): \_\_\_\_\_

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## Application for Option II Credit (Cont.)

Start Date: \_\_\_\_\_

\*\*End Date: \_\_\_\_\_

Credits Requested: \_\_\_\_\_

\*\*Documents verifying completion of Option II experience must be submitted within two (2) weeks of this date.

### Section 4: Academic Supervisor Review

I have reviewed the request for Option II credit and have determined the following:

- Approved - is sufficiently aligned with RHS and New Jersey Student Learning Standards.
- Not Approved - does not sufficiently align with RHS and New Jersey Student Learning Standards.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor/Mentor Signature (*if applicable*): \_\_\_\_\_ Date: \_\_\_\_\_

Academic Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 5: Signatures

Signatures below acknowledge that you have read and understand the responsibilities and requirements for participation in Option II Credit Attainment:

- Completion and submission of all required documents to the Principal's Option II Credit Review Committee prior to established deadlines.
- Procurement of an advisor/mentor who will oversee the completion of approved credit experience. Independent Study advisors must be certified RHS staff members.
- Individual responsibility to meet any additional criteria required by participating institutions.
- Except in the case of I.S. Profile Projects, grades will be designated on RHS transcripts as "P" (Pass) or "U" (Fail) and will not be calculated in a student's overall Grade Point Average (GPA). Course dropped after published drop/add dates will be recorded as an "F" on the student's transcript.

### Application for Option II Credit (Cont.)

- The Ramsey School District reserves the right to administer its own final assessment to determine student proficiency as applied to New Jersey Student Learning Standards.
- The student and/or student's parent/guardian is responsible for all arrangements related to participation in Option II Credit experiences including, but not limited to, payment of tuition and fees, books and other required materials, transportation, safety, and knowledge of all relevant information pertaining to the experience.
- The student must submit documentation upon completion of Option II Credit including official transcripts, evaluation reports, attendance reports, completed projects, and any other documents as required by the Principal's Option II Committee within two (2) weeks of the end date.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 5 (Office Only)

Approved in the following category:

Credit Recovery Credits

Alternate Physical Education \*

Advanced/Acceleration Credit(s)

Independent Study Credits

Additional Credit

Service Learning Credits

College Credit

Not approved

Comments: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director of Guidance Signature: \_\_\_\_\_ Date: \_\_\_\_\_