



Correspondence School Authorization

Student Name _____

Correspondence School _____

Course(s) for which student is to receive credit:

Reason for taking course(s) by correspondence:

I understand that examinations for correspondence courses are to be sent by the correspondence school to the Academy Registrar. I also understand that all correspondence courses must be completed by January 15 of the year of graduation.

Student's Signature

Date

Parent's Signature

Date

____ *Approved*

____ *Denied*

Registrar's Signature

Date

Comments:

