



Fulton County School System
Off Campus
Course Request

Date _____

Student Information

Name _____

Grade _____

School _____

Course Information

Course Requested _____

EOCT needed

Will this course receive a numeric grade or pass/fail? Numeric Grade Pass/Fail

School/Institution providing course: Fulton County Schools Virtual Campus

Georgia Virtual School Other _____ (Must receive District Level Approval - signature required below)

School/Institution's Regional Accrediting Agency _____
(Documentation may be required.)

Justification - Check one

The student is taking this course:

- 1. For elective or enrichment credit
- 2. To fulfill core or graduation requirements

If 2., explain reason for request. Further explanation may be attached.

Signatures/Approvals

Student _____

Date _____

Parent/Guardian _____

Date _____

Counselor _____

Date _____

Curriculum Assistant Principal _____

Date _____

Principal _____

Date _____

Approval needed by the following if not FCVS or GAVS or school is not accredited by a regional association or as outlined in Board Policy and Procedure IH/F.

Executive Director Curriculum _____

Date _____

Note: The financial cost of any course taken outside of the school will be the responsibility of the parent/student.