

Due Friday, April 3, 2020

Date Submitted: _____

**Roseville High School 2019-2020
Visual and Performing Arts Graduation Cord Application
Requirements**

Criteria:

- _____ **GPA: 2.5 cumulative** (first box on the transcript) at date of
Submission and all qualifying VAPA courses
- _____ **VAPA GPA: B or better in all Visual Arts and Performing Arts** courses
- _____ **Credits: 40 credits** or more in VAPA
3 courses, completing a course sequence (i.e. beginning to advanced), **plus one**
additional VAPA course outside of the course sequence
- _____ **Senior Year: One course** must be taken in your **senior year**
- _____ **Behavior/citizenship:** Student **follows the ROAR** criteria--
Responsible in all of the VAPA commitments, On task, Aware and
Respectful
- _____ **Teacher recommendation: approval** by **all** teachers in VAPA

Applicant Name: _____

Student RHS I.D. Number: _____ *First* *Last* Class of: _____

Home Address: _____ Zip: _____

Parent/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

I am applying for VAPA Graduation Cord:

Check Visual Arts or Performing Arts and circle the subject of your sequence

- ☐ **Visual Arts:** Art/ Ceramics/ Photo **30 credits in one subject**
- ☐ **Performing Arts:** Dance/ Drama/ Band/ Guitar/ Piano **30 credits in one subject**

Circle the one additional VAPA course outside of sequence:

Dance Drama Guitar Band Piano Art

Ceramics Photo AP Art History

Below, please list the courses taken which meet the 30 credits of either Visual or Performing Arts in one subject area. Attached transcript required.

1. Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

2. Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

3 Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

One additional VAPA course outside of the course sequence (required):

Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

Additional courses taken above and beyond (optional):

Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

Course Title: _____ Instructor Name: _____ Grade earned: _____

Year course was taken: _____ Term: _____ Credits earned: _____

Instructor's signature _____

CURRENT OVERALL GPA IN VAPA: _____ (must be over 3.00 cumulative, at date of submission)

Total credits in VAPA: _____