

# Montgomery School District

## Montgomery High School

### Guidance Office

1016 Route 601

Skillman, NJ 08558

(609) 466-7602

Fax: (609) 466-7689

### 2013-2014 OPTION II APPLICATION



#### Option II Application Guidelines:

- Complete and submit **this application and** the **course description or syllabus** to your **Guidance Counselor** by **May 15, 2013** for summer session, **Sept. 12, 2013**, for fall session and **Jan. 9, 2014** for spring session.
- See the Option II guidelines listed in the board approved [Program of Studies](#) (found online).
- All Option II courses **must receive prior approval**. Courses taken without prior approval **will not** get MHS credits.
- A proficiency test is required for Option II math courses. Select a date below. Test results are used for placement.
- Your signature indicates that you have read, understood, and will adhere to the guidelines in the Program of Studies.

Student Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_ Grade in 2013-2014:   
(Please Print: Last Name, First Name)

Rationale: **ORIGINAL CREDIT:** \_\_\_\_\_ I am seeking original credit for a course I have not yet taken at MHS  
**CREDIT RECOVERY:** \_\_\_\_\_ I am seeking credit recovery for a course that I failed at MHS  
**NON-CREDIT ENRICHMENT:** \_\_\_\_\_ I am seeking a non-credit course for my own interest and development

If you have selected "Original Credit" please select the reason for your request:

☐ Advancement ☐ Fulfilling Graduation Requirement ☐ Course Not Offered at MHS

(Please explain) \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Provider/Instructor: \_\_\_\_\_

Session (choose one):

\_\_\_ Summer \_\_\_ Fall \_\_\_ Spring \_\_\_ Full Year

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

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

Student email: \_\_\_\_\_

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

Parent/Guardian email: \_\_\_\_\_

#### Math Proficiency Test Date (if applicable):

Choose One:

☐ August 8, 2013 9:00 a.m.

☐ August 15, 2013 9:00 a.m.

#### For Office Use Only

☐ Denied Reason: \_\_\_\_\_

☐ Approved Number of credits: \_\_\_\_\_

Content Area

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

Guidance Supervisor

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

Approval notification:

Student/Parent emailed: \_\_\_\_\_ Provider notified: \_\_\_\_\_

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

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OPTION II  
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**Phone:** \_\_\_\_\_