



College of Extended and Global Education and Chino Valley USD (CVUSD)
Online High School Program - Summer 2023

Alternative Credits Toward Graduation Contract

I _____ am communicating the need to request alternative credits and will be entering into a contract with CSUSB College of Extended and Global Education and Chino Valley USD's Online High School Program.
Student's Name

This contract sets forth the procedure I must follow for credit being granted toward high school graduation of coursework successfully completed through CSUSB College of Extended and Global Education and CVUSD's Online High School Program for the purposes of remediation, acceleration, or as a result of an impacted academic schedule.

Name of Course: _____ Semester: 1st 2nd

Reason for external credit request (attach copy of student's transcript):

Remediation Acceleration Impact Schedule

All coursework taken with CSUSB College of Extended and Global Education and CVUSD's Online High School Program meets California state content standards.

I _____ understand that the course criteria must be met to ensure that my child _____ receives the appropriate credit for their online coursework.
Parent/Guardian Name Student Name

By signing this contract the parent/guardian requests that the pupil be allowed to complete course(s) offered by CSUSB College of Extended and Global Education and CVUSD's Online High School Program and agrees to adhere to all requirements stated herein. The student's also understands that he/she is responsible for obtaining prior approval from their district and/or home school site to ensure that the credits earned will be honored.

Registration fees are non-refundable.

Home School District: _____

Home School Site: _____

Parent Guardian Signature: _____

Student Signature: _____

Upon completion of student's course(s) a report card will be issued by Chino Valley USD and a copy will be mailed to the school official named above site.

I do not want this course added to my student's transcript (course is for survey/practice only).

By signing below the student's home school site, counselor and principal approve the course(s) and coursework being offered by CSUSB College of Extended and Global Education and CVUSD's Online High School Program. Upon approval student is responsible for returning this form to their course instructor. By signing below I give the above named student approval to enter into this contract:

Counselor's Approval: _____ Date: _____ Approve

Principal's Approval: _____ Date: _____ Approve



College of Extended and Global Education and Chino Valley U SD
Online High School Program (CVUSD) - Summer 2023
Transcript Request Form

Student's Last Name: _____ Student's First Name: _____
Date of Birth (MM/DD/YYYY): _____ Grade level for 2023-2024 school year: _____
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____
Mailing Address: _____ City: _____
Zip: _____ Contact Number: _____

I do not want this course added to my student's transcript (course is for survey/practice only).

Transcript Information

One (1) transcript will be mailed for each paid session; additional transcripts will be charged a fee of \$7.00. Students must complete a Course Agreement with their instruction in order to receive a grade. Students who receive a "NG" (No Grade) will NOT receive a transcript and their Course Agreement will be filed with the Chino Valley Unified School District's Alternative Education Department.

Email Transcript Mail Transcript Pick Up Transcript: Location: Alternative Education Center
15650 Piperline Ave, Chino Hills 91709

Transcript to be Mailed/Emailed to:

Parent Name or School Site: _____
Attention: _____
Address: _____
City: _____
Email Address: _____
Current School Counselor: _____

Course Student is Registered for:

Course Name: _____ Semester: _____

Transcripts will be mailed within 2 weeks of the completed course date. CSUSB/Chino Valley USD is not responsible for transcripts that are lost or stolen. **Additional** transcripts can be requested for a \$7.00 fee by faxing a Transcript Request Form to Cal State San Bernardino's College of Extended and Global Education Office at (909) 537 - 5907. Once a request has been received a member of the College of Extended and Global Education staff will contact you to verify the information and receive payment. Please email completed form to ohsprogram.pace@csusb.edu

FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Date Requested Received: _____
Processed By: _____
Date Mailed: _____



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Course Agreement

Student Information

Student's Name		Grade		DOB		Student ID#	
Home School				Counselor			
Contact #				Student Email			
Parent/Guardian				Parent Email			

Course Information

Course Title		Semester/Session	
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Course Activity Information:

Date	Student Grade Book Sheet	Total Days	Total Hours
	See Attached		
	(Teacher will attach work sample)		

- By signing this agreement I understand I will receive credit for the course listed above.
- By signing this agreement I understand this course will NOT be taken for course credit.

_____ Student Signature

_____ Date

FOR OFFICE USE ONLY

Student Attendance

- No Orientation Student has missed 3 days _____
Last Day Attended Student dropped course _____
Last Day Attended

GRADE SUMMARY:

The above student earned _____ credits in _____ Grade _____

The Teacher's Printed Name _____ Signature _____

Grade Posted By _____ Date _____