

MONTGOMERY COUNTY PUBLIC SCHOOLS

**Request for Approval to
 Complete a Course for Credit (CR)/No Credit (NC)
 in High School Credit Courses**

Office of Teaching, Learning, and Schools
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

INSTRUCTIONS

This form should be used to request that a course be taken for credit (CR)/no credit (NC) (also commonly known as pass/fail instead of a letter grade). This option is available only for courses that are not being taken toward specific MSDE or MCPS graduation requirements, and cannot be applied to a Certificate of Merit course. **Note:**

- The grade of CR (credit) or NC (no credit) will be recorded on both the student's report card and on the student's transcript.
- The request to take a course as CR/NC must be made no later than the 25th day of the semester. Once approved, this is considered final and cannot be applied retroactively at the end of the course.
- No more than two courses may be CR/NC in the same semester.
- A grade of CR or NC in a course will not be included in calculating the cumulative grade point average. The grade of NC will count as a failing grade for eligibility purposes.
- The student is required to meet all attendance and academic requirements for the course. The teacher will maintain a letter grade equivalent in the electronic grade book.
- Use this form for approval after consulting with the school counselor about graduation requirements, college admissions and/or post-secondary options.

PART 1: STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT/PARENT/GUARDIAN)

Student Name _____ MCPS Student ID: _____
 School _____ Grade _____
 Home Address _____
 Phone _____ - _____ - _____
 Does the student have an IEP or 504 Plan? Yes No
 Is the student receiving ESOL services? Yes No

Course(s) requested for credit/no credit: *(no more than two credit/no credit courses)*

COURSE NAME	COURSE CODE	TEACHER NAME

PART 2: SIGNATURES (TO BE COMPLETED BY THE STUDENT/PARENT/GUARDIAN)

We understand that by signing this form we agree to guidelines for credit (CR)/no credit (NC) for the courses designated on this form and have consulted with school staff regarding impact on grade point average, graduation requirements, and other academic indicators.

Signature, Student _____ Date _____ - _____ - _____
 Signature, Parent/Guardian _____ Date _____ - _____ - _____

PART 3: REVIEW BY SCHOOL COUNSELOR

- | | |
|---|--|
| <input type="checkbox"/> Reviewed
• Reviewed for graduation requirements and four-year plan | <input type="checkbox"/> Recommend
OR
<input type="checkbox"/> Do Not Recommend |
|---|--|

PART 4: APPROVAL

Approved
 Not Approved *If not approved, please explain* _____

 Signature of Principal or Designee _____ Date _____ - _____ - _____

PART 5: FORWARD TO REGISTRAR. RECORD IN ELECTRONIC TEMPLATE PROVIDED TO SCHOOLS.