

MONTGOMERY COUNTY PUBLIC SCHOOLS

Request for Approval to Complete a Course for Credit (CY)/No Credit (CN) in High School Credit Courses (FOR SCHOOL YEAR 2020-2021 ONLY)

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 (CY)/no credit (CN) (also commonly known as pass/fail instead of a letter grade) for the 2020-2021 school year. This option is available only for courses that are not being taken towards specific graduation requirements. Courses that are noted as "Certificate of Merit" may be taken if not counted towards specific graduation requirements. A list of courses not eligible can be found [here](#). **Note:**

- The grade of CY (credit) or CN (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 CY/CN must be made no later than the first week of the second marking period 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 CY/CN in the same semester.
- A grade of CY or CN in a course will not be included in calculating the cumulative grade point average or for academic 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 other 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 (CY)/no credit (CN) 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 <ul style="list-style-type: none"> • Reviewed list of courses not eligible • 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.