

KIRTLAND LOCAL SCHOOLS - CREDIT FLEXIBILITY OPTION

TERMS OF AGREEMENT

Name: _____ Date of Review: _____

Reviewed by Credit Flex Team Members:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PLEASE NOTE THAT AS STATED IN THE GUIDELINES / OVERVIEW ALL REQUIREMENTS MUST BE MET AND COMPLETED TO EARN GRADE AND CREDIT.

Requirements to earn credit: _____

Final Grade Determined by: _____

Final Date for Completion: _____

Graduation Requirement: _____ **Elective Credit in:** _____

Amount of Credit: _____

Principal/Designee

Date

Counselor

Date

Distribution

Student/Parent
Counselor
Teacher of Record
Credit Flex Team