FOR NUVHS USE ONLY

Student Number: ____



COURSE TRANSFERABILITY VERIFICATION FORM

660 Bay Blvd., Suite 110B, Chula Vista, CA 91910 • 866.366.8847 • Fax 858.642.8750

Each high school, district and college has its own guidelines regarding acceptance of credits. National University Virtual High School (NUVHS) does not assume responsibility for transfer credit. Students who wish to transfer NUVHS credits to their primary high school are required to present an approved Course Transferability Verification Form to NUVHS prior to enrollment.

TO BE COMPLETED BY APPLICANT AND HIS/HER PARENT/GUARDIAN

Applicant's Name:	Date:	
Current Grade Level:	Course(s) Applied For:	
Online Course Format:	Guided Study (Minimum of 4 weeks participation)	Advanced Placement (AP) (Minimum 8-10 weeks participation)
The applicant seeks:		
□ To make up credits	\Box To improve the grad	de \Box A course not offered this semester
□ Flexible scheduling	□ Personalized instruc	tion
□ College acceptance (no	t transferring credit to current high	<u>school)</u>
To be initialed by Parent/	Guardian:	
The applicant is s	seeking transfer of these credits to his/h	her primary high school.
National Univers	sity Virtual High School does not guara	antee the acceptance of credits by another school.
NUVHS Representative	Parent Signatu	re Student Signature
Approval by a school offici		LICANT'S PRIMARY HIGH SCHOOL e earned at National University Virtual High School will a school graduation requirements.
attach. If a written policy d		ool have an adopted, written transfer policy, please course will appear on the student's transcript when the ted to the school.
Name of School:		Date:
School Official:	Please Print Name Sig	nature:
School Official E-Mail:	NIF wlasse indicate to the	should be completed
IF THERE IS A DEADLI	NE, please indicate when the course	snould be completed.
Deadline Date	Will this course grade count in the student's GPA? Yes No	
Transfer Policy:		