Manheim Township High School
Application for Dual Enrollment Credit Acceptance

"Non-remedial college courses may be awarded high school credit toward graduation with the prior approval of the high school principal." Board Policy 217

_____ Student Name (Print)

_____ Name of Institution

_____ Course Title/# of College Credits

1-2 Credit College Course = .5 MTHS Credit
3-4 Credit college classes = 1 MTHS Credit

To apply for acceptance of college credits to supplant or supplement Manheim Township graduation requirements and to have them appear on their student transcript, a student must submit the following to the principal prior to beginning the college level course:

- ❑ This signed and completed form with all required documentation attached for each course the student is requesting be accepted (One form for EACH course)
- ❑ Course description including course number, number of credits, and/or Course syllabus
- ❑ If this course is accepted for high school graduation credit, I understand that upon successful completion of the class I must submit to the Dual Enrollment Coordinator an official college transcript listing the grade and credits awarded. I understand this is required for the accepted course to show on my high school transcript and that it will appear as a P-Pass or F-Fail.

I am requesting that this course be accepted: (check one – complete information if needed)

_____ As ELECTIVE credit _____ To REPLACE the following MTHS graduation requirement:

_____ (Name of MTHS course to be replaced)

- ❑ I understand that if I choose to withdraw from the above course I must notify my School Counselor within three days of the withdrawal. This withdrawal may result in an additional course being added into my schedule at MTHS.
- ❑ For college bound student-athletes: I understand that in Pass/Fail grading situations, the NCAA Eligibility Center will assign the lowest passing grade (D/1.0) for a course in which you received a Pass grade and will award only one quality point towards eligibility.
- ❑ I understand that if this course is to replace Civics that I must take the Act 35 Civics assessment upon completion of the course.

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

_____ _____
School Counselor's Signature Date

I WILL/WILL NOT accept this course: _____ as ELECTIVE credit _____ to REPLACE course listed **above**

_____ _____
Principal's Signature Date

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