

Application to Challenge for Credit for a Course

Please complete this application form and submit it to your school principal.

Student Name:				
	(Last Name)		(First Name	e)
Gender:		Date of Bir	th:	
_		(mm / dd / yyyy)		ld / yyyy)
Student MIN/ OEN: -			— Grade:	
otadent willy obly.			_ Orduc.	
School:				
Name of Parent/Guardiar	n:			
I wish to challenge for o	redit for the following	course:		
Course Title:		Course Type:	Course Grade / Level	Course Code
 demonstration that Other assessmer work, quizzes, and Assessment is bate Only 4 credits material All information without or 12 course and 	at is appropriate for the nts which may include want observation of the study ased on the expectation ay be granted through the ll be recorded in the On the final phase of the as	subject/discipline - rritten assignments, ident - 30% s outlined in current he challenge proces tario Student Recor ssessment has beg	e between written work and 70% demonstration/performand Ministry of Education curs - no more than 2 per district (OSR) if the challenged un. This includes a passing listed for grade 10 challenged and 10 challenged with the challenged un.	riculum documents scipline course is a grade 11 mg mark, a failing
I am submitting the follow	ring as evidence that I a	m qualified to challe	enge for credit for this cou	irse:
☐ Evidence of Rele ☐ a portfolio ☐ proof of s ☐ proof of ii ☐ a video re	vant Learning / Sample o of relevant work successful relevant expendependent learning in	Products: erience in a supervis a relevant area ng, or electronic file	with samples of relevant	·



Appendix B Application to Challenge for Credit for a Course

Student Paragraph

Write a paragraph of 100 - 200 words stating why you want to challenge for credit for this course. Be sure to include the following:

•	 Ways in which the course credit will help you to fulfill your educational goals 					
•	Your special interest and skills related to this course					



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I have reviewed the curriculum expectations and the descriptions of the levels of achievement for this course with a designated subject teacher.

I understand that a school board/sc	hool committee will review my application.	
Signature of Student:	D	Pate:
Signature of Parent/Guardian:	D	Pate:
Signature of Teacher-Adviser/ Guidance Counsellor:	D	eate:
Notice of Collection Statem	e <i>nt</i>	
	om of Information and Protection of Privacy Act (MFIPI Catholic District School Board is committed to respect	
Prior Learning Assessment and Recogn retained for a minimum period of one year	ursuant to the Education Act will be used solely for the nition programming. Please be aware that the informati ear from the date of collection. If you have any question ed, please contact the Principal of Adult & Continuing I	on you provide will be as or concerns about this
	FOR OFFICE USE ONLY	
Date Application Received:		
Date Challenge Process Complete	ed:	