

Montgomery School District
Montgomery High School
Guidance Office
1016 Route 601
Skillman, NJ 08558
(609) 466-7602
Fax: (609) 466-7689

2019-2020
OPTION II APPLICATION



Approval Notification	
Student/Parent emailed:	_____
Provider notified:	_____
End date:	_____

Option II Application Guidelines:

- Complete and submit **this application and** the course description or syllabus to your **Guidance Counselor** by **5/17/19** for the summer session, **9/13/19** for the fall, **9/27/19** for full-year courses and **1/10/20** for the spring.
- See the Option II guidelines listed in the board approved [Program of Studies](#) (found online).
- All Option II courses **must receive prior approval**. Courses taken without prior approval **will not** get MHS credits.
- A proficiency test is required for Option II math courses. Test results are used for placement.
- Your signature indicates that you have read, understood, and will adhere to the guidelines in the Program of Studies.

Student Name: _____ **Submission Date:** _____ **Grade in 2019-2020:**
(Please Print: Last Name, First Name)

Rationale: **ORIGINAL CREDIT:** _____ I am seeking original credit for a course I have not yet taken at MHS
CREDIT RECOVERY: _____ I am seeking credit recovery for a course that I failed at MHS
NON-CREDIT ENRICHMENT: _____ I am seeking a non-credit course for my own interest and development

If you have selected "Original Credit" please select the reason for your request:

Advancement Fulfilling Graduation Requirement Course Not Offered at MHS

(Please explain) _____

Counselor Name: _____ **Signature:** _____ **Date:** _____

Name of Course and Course Code (if applicable):

Provider/Instructor: _____

Session (choose one):
___ Summer ___ Fall ___ Spring ___ Full Year

Expected Start Date: _____

Student Signature: _____

Student email: _____

Parent/Guardian Signature: _____

Parent/Guardian email: _____

Phone: _____

Math Proficiency Test Date
(if applicable):
August 6, 2019 9 a.m.

For Office Use Only

Denied Reason: _____

Approved Number of credits: _____

Content Area
Supervisor Signature: _____ Date: _____

Pre- and Post-Assessment Dates:
(If required) Pre: _____ Post: _____

Guidance Director
Signature: _____ Date: _____