

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

**2023-2024**  
**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 **5/12/23** for the summer session, **9/9/23** for the fall, and **9/23/23** for full-year courses and **1/13/24** 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 2022-2023:**   
*(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):**  
\_\_\_\_\_

**Math Proficiency Test Date**  
**(If applicable):**

**Provider/Instructor:** \_\_\_\_\_

**August 1, 2023 9 a.m.**

**Session (choose one):**  
\_\_\_ Summer    \_\_\_ Fall    \_\_\_ Spring    \_\_\_ Full Year

**Expected Start Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Student email:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

For Office Use Only	
<input type="checkbox"/>	Denied Reason: _____
<input type="checkbox"/>	Approved Number of credits: _____
Content Area	
Supervisor Signature: _____	Date: _____
Pre- and Post-Assessment Dates:	
(If required) Pre: _____	Post: _____
Guidance Director	
Signature: _____	Date: _____