



Dublin City School District

Students  
5460 F2  
Revised 9/27/12  
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## Credit Flexibility Option 2 – Subject Area Competency

- Upon completion of this form, please return it to your School Counselor.

Student name (print): \_\_\_\_\_

Student ID number: \_\_\_\_\_ Graduating class: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

On the questions below, please mark yes or no:

Are you on an IEP, 504, or Intervention Plan?	___ Yes	___ No
Do you receive English Second Language Services?	___ Yes	___ No
Do you intend to participate in school athletics?	___ Yes	___ No

Please explain your reason for selecting credit flexibility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course title: \_\_\_\_\_ Course code: \_\_\_\_\_

When will you be taking this assessment:  Beginning of school year  At the end of 1<sup>st</sup> semester

Will you be taking the:  Semester 1  Semester 2  Both

Grade Criteria:

Please refer to the course planning handbook to determine if a course is eligible for a pass/fail option.

Letter grade  Pass/Fail

Credit Request:  0.25  0.5

Please see 2<sup>nd</sup> page to complete application ----->

