



## Correspondence School Authorization

Student Name \_\_\_\_\_

Correspondence School \_\_\_\_\_

Course(s) for which student is to receive credit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for taking course(s) by correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that examinations for correspondence courses are to be sent by the correspondence school to the Academy Registrar. I also understand that all correspondence courses must be completed by January 15 of the year of graduation.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_ *Approved*

\_\_\_\_ *Denied*

\_\_\_\_\_  
*Registrar's Signature*

\_\_\_\_\_  
*Date*

*Comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_