

Course Challenge – Student Application Form

Student Name:

Student Email:

Date of Birth:

Student Number:

Mailing Address (include postal code):

Home Phone:

Name of Parent or Legal Guardian:

Last School Attended:

Title and grade level of the course that you are requesting to challenge:

NEXT STEPS

1. With your school counsellor, complete the CHECKLIST FOR COURSE CHALLENGE (see next page)
2. Sign this form at the bottom and include the signature of your parent or legal guardian, school-based counsellor and administrator.

Obtaining Additional Secondary Course Credits



Checklist for course CHALLENGE ✓

To be completed by the school counselor and student

Note: all answers must be “Yes” before a student is eligible to challenge a course

The student has demonstrated sufficient evidence to suggest they could successfully challenge the course Yes

The student recognizes that the full course is CHALLENGED for credit Yes

The course is offered in the Greater Victoria School District. Yes

This is the first time the student has CHALLENGED this course. Yes

A student/counsellor meeting at the school of record has taken place to identify the potential benefits and liabilities of the Challenge request. Yes

The application is SIGNED by the student, parent or legal guardian, counsellor, and a school-based administrator. Yes

The student is aware of the requirements outlined by the District for *Challenging for Credit*. Yes

The student is ready to challenge because of: Yes

- independent learning in a related area, or
- prior learning from another educational jurisdiction, or
- prior learning in another program

The student is prepared to demonstrate mastery of the required learning outcomes for the course. Yes

I, _____, agree to being considered for Challenge for credit and agree to provide any supporting information needed for that process.

Signature of Parent/Legal Guardian

Signature of Student

Signature of Counsellor

Signature of Principal

Date

The information on this form will be used solely for the purpose of processing your application for *Challenge for Course Credit*. It will be kept secure and confidential according to the FREEDOM OF INFORMATION OF PRIVACY ACT.

Any questions concerning the collection or use of this information may be directed to your school principal.

FOR OFFICE USE ONLY

Course (title & grade level):

Home School:

Met with Home School Counsellor (date):

Challenge demonstration (date):

Results of challenge (%):