

## Request to Transfer Credit/Agreement to Grant Credit

### Note to the student requesting a transfer of credit:

Please print this form and have it signed by your current principal or an authorized school administrator if you plan to transfer the credits you earn from Advanced Academics Online School (AAOS) to another high school. Attach a course description for each of the courses you plan to take at AAOS. You may find the appropriate course descriptions by viewing the AAOS Course Catalog at [www.AcademicsOnline.com/courses.html](http://www.AcademicsOnline.com/courses.html). Your school official will review the course descriptions and determine whether or not to grant credit.

This form is not a contract or a guarantee by Advanced Academics that your local school will grant credit for any course(s) taken through Advanced Academics Online School. It is important that you save the form, once signed by your school administrator, for your records.

### Note to the school administrator reviewing credit for transfer:

The student submitting this form is planning to earn high school credit through Advanced Academics Online School (AAOS), a fully accredited online high school. The student is requesting an agreement from you and your school district to accept these earned credits toward the student's graduation requirements. Once the student completes the course(s) he or she will be awarded credit(s) through an official AAOS transcript.

For more information about Advanced Academics and our accreditation status, visit [www.AcademicsOnline.com/accreditation.html](http://www.AcademicsOnline.com/accreditation.html). Also attached are the appropriate course descriptions provided by the student.

We encourage all applicants to obtain permission before enrolling in any course(s) they wish to transfer to another academic program or institution. Please contact me if you have questions about this form or about Advanced Academics Online School.

**Roberta McKerlie, M.Ed.**  
**Director of Education**  
**Advanced Academics, Inc.**  
**405-512- 6345**

### I Agree to Grant Credit

(school administrator to complete):

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

Name of Course(s) \_\_\_\_\_

Number of Credits \_\_\_\_\_

Title/Name of School Official \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_