

Full-Time Student Alternate Credit Application

Student Legal First & Last Name: _____

Name of Alternate Credit Experience: _____

Hours Completed of Alternate Credit Experience (75 hours = 0.5 credit): _____

Alternate Credit Experience Will Replace (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> World Language |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Fine Arts/CTE |
| <input type="checkbox"/> Social Studies/History | <input type="checkbox"/> Health/Health Science/Physical Education |
| <input type="checkbox"/> Science | <input type="checkbox"/> Elective |

Please include a brief narrative of the Alternate Credit Experience, including the student's role, expected outcomes, and how the experience connects to the subject area the experience seeks to replace.

- ☐ Check here if there is documentation to verify completion (i.e.: certifications) and please include that with the submission of this application in lieu of the narrative.

I certify that my signature below affirms the successful completion of this Alternate Credit Experience during the 2025-2026 academic year. I understand that I will earn credit for this experience, but it will be reflected as a P for passing rather than a letter grade.

_____ Student Printed Name	_____ Student Signature	_____ Date
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_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date
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_____ Experience Supervisor Printed Name	_____ Experience Supervisor Signature	_____ Date
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_____ Experience Supervisor Role/Title	_____ Experience Supervisor Phone	_____ Experience Supervisor Email
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Please submit this completed form and any other necessary documentation to globalrecords@asuprep.org with the subject line **ALTERNATE CREDIT**