



Central Texas College Online High School

Permission to take classes for transfer credit

Student Name: _____ Student SSN: _____

The above named student has permission to take the following class(es) through CTC Online High School: (Please indicate class name and section; fall, spring, or both)

and that these class(es) would be acceptable and appropriate for transfer back to:

Name and Address of School:

School Representative: _____

Title: _____

Signature: _____ Date: _____

My son/daughter has permission to take the classes listed for transfer credit. I understand that it is my responsibility in conference with my son or daughter's counselor to determine the appropriateness of the class. Once the class is complete and grades entered I will need to request a transcript from CTCOHS be sent to the school of record for credit to be applied.

Parent or Guardian: _____

Signature: _____ Date: _____