



## Application for High School Credit – Exploring Program

*Complete all information required. Please print.*

**STUDENT INSTRUCTIONS:** Fill in the STUDENT and COUNSELOR (A) sections of the Application for High School Credit form. Go to the Counseling Center at your school and ask if you can receive credit for participating in an Exploring program. If so, please return the form to your Exploring Post Advisor as soon as you complete the Exploring program.

**STUDENT:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADVISOR INSTRUCTIONS:** Once the student has completed the Exploring Post and has the COUNSELOR and STUDENT information filled in, please complete the ADVISOR section and mail the form to the counselor. If you prefer, you can give the form back to the student, instructing the student to give the form to the counselor. Please include an outline/schedule of the Post program. The student should have a regular record of attendance and participation in your Post to receive recommendation for credit to their Counselor.

**ADVISOR:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Post Number \_\_\_\_\_ Career Interest: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Describe briefly the participation level of the student mentioned above: \_\_\_\_\_

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

Demonstrated leadership and/or achievements: \_\_\_\_\_

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

Length of program in hours \_\_\_\_\_ Actual hours completed by student: \_\_\_\_\_

Additional comments: \_\_\_\_\_



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I recommend credit be awarded (    ). I do not recommend credit be awarded (    ).

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELOR INSTRUCTIONS:** This completed form verifies that this student has successfully completed an Exploring program. You should have all the information needed to award school credit if appropriate. Please complete the COUNSELOR (B) section and retain this form with the student's cumulative records.

**COUNSELOR (A):**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COUNSELOR (B):**

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit approved (    ).              Credit denied (    ).

Amount of credit earned \_\_\_\_\_