



CIS Additional Credit Form

Step 1: Student Information

Last Name: _____ First: _____ Middle: _____

Tech ID: _____ High School Name: _____ Date: _____

Request approval to register for _____ Credits. Check one: Fall Spring Year _____

Course Id (000xxx)	Subject (ENGL)	Number (1410)	Section (20)	Credits	Instructor

Step 2: High School Counselor Section: please provide rationale as to why the student should be considered for additional credits (high school GPA, ACT scores, recent academic work, etc).

Step 3: Student Section: Please provide rationale as to why you should be considered for the additional credits (high school GPA, ACT/Accuplacer scores, recent academic work, etc)

HS Counselor Print Name: _____ Signature: _____

Date: _____

Step 4: Scan & email it to phillip.olsen@clcmn.edu