



Counselor Approval Form

This form must be sent from a valid school district email address to:
advisor@thebridgeschool.net

Student's Name _____ DOB: _____ Date: _____

Current School _____ Grade: _____

Approved by: _____ Title: _____ Signature: _____

A School Administrator/Counselor/Registrar signature is required to assure that transfer credit will be awarded to the student upon successful completion of the course(s) from The Bridge School.

<i>Please write the course title and mark (X) below the appropriate fields.</i> Course Title	SEMESTER ONE (A)	SEMESTER TWO (B)	Original Credit	Credit Recovery	Credit By Exam <i>A minimum score and proctored test may be required by the approving school.</i>
1.					
2.					
3.					
4.					
5.					
6.					

NOTES: _____

REGISTRAR/COUNSELOR NAME _____ EMAIL ADDRESS _____