

**Fulton County School System  
Off Campus  
Course Request**

Date \_\_\_\_\_

**Student Information**

Name John Doe

Grade 10

School Chattahoochee HS

**Course Information**

Course Requested Tamil

Will this course receive a numeric grade or pass/fail? ☐ Numeric Grade ☒ Pass/Fail

School/Institution providing course Alpharetta Tamil School

School/Institution's Regional Accrediting Agency GACC  
(Documentation may be required.)

**Justification - Check one**

The student is taking this course:

- ☒ 1. For elective or enrichment credit  
☐ 2. To fulfill core or graduation requirements

If 2., explain reason for request. Further explanation may be attached.

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**Signatures/Approvals**

Student John Doe Date \_\_\_\_\_

Parent/Guardian John Doe Sr. Date \_\_\_\_\_

Counselor Chattahoochee HS Counselor Date \_\_\_\_\_

Curriculum Assistant Principal Chattahoochee HS Asst. Principal Date \_\_\_\_\_

Principal Chattahoochee HS Principal Date \_\_\_\_\_

Approval needed by the following if school is not accredited by a regional association  
as outlined in Board Policy and Procedure IH.

Executive Director Curriculum \_\_\_\_\_ Date \_\_\_\_\_

Note: The financial cost of any course taken outside of the school will be the responsibility of the parent/student.