Intent to Transfer Credit (ITTC) — PHYSICAL EDUCATION (P.E.)

Student Name: _____ **Grade Level**: _____ **School Year**: _____

Course will be transferred in for the following terms: ☐ **Fall** ☐ **Spring** ☐ **Summer**

BEFORE STARTING COURSEWORK, THIS FORM MUST BE SUBMITTED AND APPROVED

Course Title (*to appear on Transcript*)**:**

☐ Physical Education
☐ Sport: _____
☐ Other: _____

Type of Instruction:

☐ Home Taught / Private Teacher
☐ SCA Sports
☐ Sports Club: _____
☐ Other: _____

Instructor/Coach Information:

Name: _____
Phone: _____
Email: _____

Sports Team Information:

Season Dates: _____
Conditioning Dates: _____

Class Meeting Time: _____

Checklist of Required Documentation:

☐ **Course Description** (i.e. brief summary of the course) Please include below or attach if needed.

☐ **Grade Outline** (e.g. 50% attitude/participation, 50% attendance) Please include below or attach a syllabus.

FOR YOUR REFERENCE – *REQUIRED* DOCUMENTATION TO TRANSFER IN THIS COURSE *EACH SEMESTER*

Turn in the following with the *Transfer Course Report & Documentation* form at the end of each term:

___ Time log of activity/class, training/conditioning, competitions/games, etc. with total hours calculated
___ *If applicable*, Gradebook or list of all assignments used to calculate grade (points possible/earned)
___ Grade percentage and letter grade
___ Assignments (as applicable to course):

Each Quarter:

- *ANY* accomplishments/awards
- *ANY* quizzes, tests, or written papers/reports (if appropriate/applicable: MLA format, works cited)

10 credits (Year) = 142 hours over 168 instructional days (50 min/day, 5 days/week for 34 weeks)
5 credits (Semester) = 71 hours over 84 instructional days (50 min/day, 5 days/week for 17 weeks)

Please sign below and turn this form in with items under Checklist of Required Documentation.

*I have read, signed and submitted the **Transfer Credit Policy & Agreement** form for this school year. I have read this form and understand what is required to transfer in this specific course for credit each term.*

Parent Signature: _____ **Date:** _____

OFFICE USE ONLY: Administrator: ___Approved ___Denied _____ Date: _____
Academic Advisor: ___Approved ___Denied _____ Date: _____