



HIGH SCHOOL CREDIT REQUEST

For high school applicants only-Please have you previous school complete this form

Date _____

Name of School to which the request is being made _____

Student full name _____

Period of enrollment at your school _____ Grade level(s) _____

The above named student is applying to Shenyang International School. Our Student Services Office requires an average of the minutes spent each week for all subjects this student has taken at your school so that we can transfer the appropriate number of credits. Please complete the information on the following chart so we can ensure this student receives the transfer credits earned for previous courses. If you have any questions, please do not hesitate to contact me.

Thank you for your assistance.
Sincerely,

Barbara Foster
Student Services Director

	Grade 9	Grade 10	Grade 11
Course Name	Average number of minutes per week	Average number of minutes per week	Average number of minutes per week
English			
Mathematics			
Science			
Social Studies			
Fine Arts: Music			
Fine Arts: Visual Arts			
Fine Arts: Theater Arts			
Physical. Education			
Chinese Language			
Other Foreign Language:			
Technology			
Moral Education			
Other:			
Other:			

I confirm the above information is true and correct.

Name of person completing this form _____

Signature: _____

Date: _____