

Pleasant Ridge Union School District

**Request for Approval of Post-Graduate Credit**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

List the institution granting course credit, the course title, and the value of semester units for completing the class. (Quarter units are equivalent to 2/3 of a semester unit.) All classes should be approved in advance. Generally, courses offered through a 4-year institution are acceptable.

Submit your postgrad unit request to the District Office. Attach course descriptions or announcements to facilitate evaluation of the course work.

**Institution/School**

**Course Title**

**# of Semester Units**

*District Office Decision:*