



**College of Extended and Global Education and Chino Valley USD
(CVUSD) Online High School Program - Summer 2022**

Course Agreement

Student Information

Student's Name		Grade		DOB		Student ID#	
Home School				Counselor			
Contact #				Student Email			
Parent/Guardian				Parent Email			

Course Information

Course Title		Semester/Session	
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Course Activity Information:

Date	Student Grade Book Sheet	Total Days	Total Hours
	See Attached		
	(Teacher will attach work sample)		

- By signing this agreement I understand I will receive credit for the course listed above.
- By signing this agreement I understand this course will NOT be taken for course credit.

_____ Student Signature

_____ Date

FOR OFFICE USE ONLY

Student Attendance

- No Orientation Student has missed 3 days _____
Last Day Attended Student dropped course _____
Last Day Attended

GRADE SUMMARY:

The above student earned _____ credits in _____ Grade _____

The Teacher's Printed Name _____ Signature _____

Grade Posted By _____ Date _____



College of Extended and Global Education and Chino Valley U SD
Online High School Program (CVUSD) - Summer 2022
Transcript Request Form

Student's Last Name: _____ Student's First Name: _____
Date of Birth (MM/DD/YYYY): _____ Grade Level for 2022 - 2023 school year: _____
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____
Mailing Address: _____ City: _____
Zip: _____ Contact Number: _____

I do not want this course added to my student's transcript (course is for survey/practice only).

Transcript Information

One (1) transcript will be mailed for each paid session; additional transcripts will be charged a fee of \$7.00. Students must complete a Course Agreement with their instruction in order to receive a grade. Students who receive a "NG" (No Grade) will NOT receive a transcript and their Course Agreement will be filed with the Chino Valley Unified School District's Alternative Education Department.

Email Transcript Mail Transcript Pick Up Transcript: Location: Alternative Education Center
15650 Piperline Ave, Chino Hills 91709

Transcript to be Mailed/Emailed to:

Parent Name or School Site: _____
Attention: _____
Address: _____
City: _____
Email Address: _____
Current School Counselor: _____

Course Student is Registered for:

Course Name: _____ Semester: _____

Transcripts will be mailed within 2 weeks of the completed course date. CSUSB/Chino Valley USD is not responsible for transcripts that are lost or stolen. **Additional** transcripts can be requested for a \$7.00 fee by faxing a Transcript Request Form to Cal State San Bernardino's College of Extended and Global Education Office at (909) 537 - 5907. Once a request has been received a member of the College of Extended and Global Education staff will contact you to verify the information and receive payment. Please email completed form to ohsprogram.pace@csusb.edu

FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Date Requested Received: _____
Processed By: _____
Date Mailed: _____