

**Van Nuys High School**

6535 CEDROS AVENUE, VAN NUYS, CALIFORNIA 91411-1599  
TELEPHONE: (818) 778-6800 FAX: (818) 788-6033

**Michelle King**  
*Superintendent of Schools*

**Linda Del Cueto**  
*Superintendent ESC Northeast*

**Yolanda Gardea**  
*Principal*

**Request for Pre-Approval of Credits from Educational Institutions**

Notification: Course work should not be started until all signatures are present on this request.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Graduation Year \_\_\_\_\_

Current School Grade \_\_\_\_\_

Current School of Attendance \_\_\_\_\_

Van Nuys High School Counselor \_\_\_\_\_

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\_\_\_\_\_ is requesting pre-approval to take \_\_\_\_\_

course at \_\_\_\_\_ (Other Education Institution).

Reason for request

\_\_\_\_ Credit Recovery

\_\_\_\_ Other Please explain your situation: \_\_\_\_\_

\_\_\_\_\_  
Signatures must be signed in order 1-4.

1. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

4. APSCS Signature \_\_\_\_\_ Date \_\_\_\_\_

APSCS will sign after all previous signatures are complete.

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**Transcript Process:**

Transcript submitted date \_\_\_\_\_

Credit Clerk Process = MISIS Transcript added \_\_\_\_\_ Cum Folder added \_\_\_\_\_

Credit Clerk Process Complete Sign \_\_\_\_\_ Date \_\_\_\_\_

\*This form goes in the student cumulative record folder.

\*\*This form must accompany transcripts from any source outside of LAUSD.