



## Transfer Credit Request

The Transfer Credit Request form is used to review and acknowledge the transfer of credits for full time students. Current students interested in taking courses outside of the Private Academy and applying those earned credits towards graduation are required to submit this form to ensure earned credits count and align with graduation plans.

\*Any alterations to what has been signed and agreed upon below will result in ineligibility- including graduation

\*The K<sup>12</sup> International Academy reserves the right to deny credits if information provided at approval does not align with official transcripts. In addition, the K<sup>12</sup> Private Academy can only transfer in credit if credit is issued and earned from the previous institution.

\* Students must earn his/her last 6 credits with K<sup>12</sup> Private Academy in order to be eligible for a diploma

### Instructions:

1. Complete the form with the required information
2. Gather documents such as course name, description, scope and sequence or other supporting documents to assist the Registrar Office in reviewing and providing a decision on the request
3. Send the completed form along with supporting documentation to [icadrequests@k12.com](mailto:icadrequests@k12.com) or fax to 1.866.539.8631
4. The Registrar will review, contact you or your other school as needed, and K-mail a final decision

### Post Approval:

5. Following completion of the approved course the student is required to submit an official transcript to [registrar@icademy.com](mailto:registrar@icademy.com) or fax 1.866.728.3086. *The completion of Homeschool Courses will be moved through the Homeschool Review Process.*

### **Student Information**

Last Name	First Name	Student ID Number	Phone Number

*The K<sup>12</sup> Private Academy is fully accredited by SACS/CASI, a division of Cognia. We are a diploma granting institution recognized by the Commonwealth of Virginia on the authority of the Virginia Council for Private Education.*



**Course Information**

_____	_____	_____	_____
Course Title	Total Credits	Start/End Date	School Name
_____	_____	_____	_____
Course Title	Total Credits	Start/End Date	School Name

**Registrar Office Use Only**

Approved ___ Denied ___ Reason _____	
_____	_____
Registrar Name	Date

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