



1508 136th Street SE Mill Creek, WA 98012 Phone (425) 385-7000 • Fax (425) 385-7044

EXTERNAL COURSE APPROVAL FORM

Henry M. Jackson High School gives permission for the following student to take the course(s) named below. The student is responsible for all costs of the program including transportation, tuition, books, and fees.

Student Name:	Grade Level:	
JHS ID #:	Date of Birth:	
Community College or Out-of-District Program Name:		
Course(s) Requested (Course Name & Course Code) and Credit(s	»):	
Course Name	Course Code	Credit(s)
Course Name	Course Code	Credit(s)
Course Name	Course Code	Credit(s)
Requested course(s) taken:	t 🗌 for personal intere	st
JHS Registrar's Signature & Verification:		
Yes, this program is appropriately accredited.	Date:	
After the course has been completed, please have an official trans	cript sent to the JHS Regi	strar.
Any senior who plans to participate in the June graduation centricity official transcript to the JHS Registrar no later than the day private the private set of the s		o submit an
A copy of this letter will be placed in the student's cumulative file at Henry M. Jack	son High School.	
Taking this course(s) does not indicate entry into the Running Start requirements, applications, and deadlines.	program. Running Start	has separate
Student's Signature	Date	
Parent/Guardian's Signature	Date	
JHS Counselor's Signature	Date	
JHS Principal's Signature	Date	

CC: JHS Registrar, Student's Cumulative File, Student's JHS Counselor

Updated 2/26/24

Our mission is to provide a rigorous curriculum that sets high standards and prepares all students for the future.