

HIGH SCHOOL ONLINE  
COURSE REQUEST FORM



**MISSISSIPPI STATE  
UNIVERSITY®  
EXTENSION SERVICE**

**ALL information is required**

Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Last First Middle

Student's Last Four of Social Security Number \_\_\_\_\_

Student's Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender  M / F

Students' Current Address  
 \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Mailing Address (if different from above)  
 \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**What is your primary reason for using independent study as an educational option?**

- |   |   |
|---|---|
| <input type="checkbox"/> Accelerating progress for early graduation | <input type="checkbox"/> Local school does not offer course |
| <input type="checkbox"/> Credit Recovery                            | <input type="checkbox"/> Homebound/extended illness         |
| <input type="checkbox"/> Graduation Crisis                          | <input type="checkbox"/> Scheduling conflict                |
| <input type="checkbox"/> Homeschool                                 | <input type="checkbox"/> Summer school                      |
| <input type="checkbox"/> College entrance requirements              | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Performing artist/athlete                  |   |

**Course Information**

Course Name(1/2 credit =\$150 1 credit =\$300)	Course Cost
	<b>Total Cost \$_____</b>

**Proctor/Supervisor Information**

The CCE office will contact the proctor to submit a Proctor/Supervisor Request Form, which will be delivered via email or fax.

Proctor's Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

School or Organization's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Prerequisites**

The MSU High School Online office is not responsible for determining if pre-requisites have been met prior to taking a course. It is the student’s responsibility to work with their high school counselor prior to enrollment to determine if he/she is eligible to earn credit for a course. No refunds will be issued outside of the refund policy due to prerequisites not being met prior to enrollment.

**\*The undersigned certify that all information is correct and understand all policies set forth by the Mississippi State University High School Online Program.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Program Coordinator, MSU Center for Continuing Education

*Center for Continuing Education PO Box 7558 Mississippi State, MS 39762 Phone 662.325.1457 Fax 662.325.2702*

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