



Mt Blue High School

129 Seamon Rd., Farmington, ME 04938
Tel: (207)778-3651 Fax: (207)778-3564 Website: mtbluersd.org

School Counseling Office

Counselor: Gerri L. Chesney
Counselor: Julie Talmage
Counselor: Karin Parsons

Registrar: Melanie Prescott Secretary: Beverly Vollrath

College Course Declaration

Date: _____

School Year: _____

Student Name: _____ Grade: _____

Name of College: _____

Name of Course: _____

Class Day: _____ Class Time: _____

Semester 1 Semester 2

Student Signature: _____

My student has permission to be dismissed from school to attend this class during scheduled meeting times.

Parent/Guardian Signature: _____

School Counselor Signature: _____

College course to be included on HS transcript: Yes No

or

Student will wait until receiving final grades to determine

It is the student's responsibility to submit documentation of their final grade for the course in order for the class to be listed on his or her high school transcript.

School Counseling Office Use:

Counselor - External Credit noted on schedule: _____ Counselor initials: _____

Registrar - Date entered: _____ Entered by initials: _____