



**School Counseling Department**  
184 Hancock Road • Peterborough, NH 03458  
Tel: 603-924-4120 Fax: 603-924-2325

### Procedure for credit transfer for VLACS courses

1. Student must meet with school counselor to review their transcript and discuss appropriateness of VLACS coursework prior to registering for a course.
2. Student must complete VLACS Approval Form to include:
  - a. Course(s) requested
  - b. Anticipated start date
  - c. Anticipated end date
  - d. Anticipated credit earned
  - e. Determination if course is a graduation requirement or elective
  - f. Determination if student needs access to CVHS computer lab during their regular schedule or if they will take the class independently.
  - g. Signatures of student, parent/guardian, counselor, and registrar.
3. Student and parent/guardian must complete the registration process directly through VLACS. *Due to VLACS guidelines, school counselors cannot register students for courses. Students must list ConVal as their school of record when registering.*
4. Following completion of the VLACS course, student must provide official VLACS transcript to the school counselor to ensure the credit is transferred to the CVHS transcript.

### Notes:

- Student and parent/guardian are responsible for the registration process for VLACS courses.
  - NOTE: It can take up to two weeks for enrollment to be active. Please plan ahead.
- Students taking graduation requirements must complete VLACS courses by the end of Quarter 3 of their senior year.
- Students are allowed to transfer up to two VLACS credits per semester.
- Students who enroll in and start a VLACS class and drop after the 28 day grace period will receive a W on their transcript.
- Students who enroll in a VLACS class without following this procedure may not have the credit transferred to their CVHS transcript.
- Students who have a class period in the school day to work on VLACS will have the support of a paraprofessional during that time. Students are expected to attend this class block and attendance will be taken.
- Students wishing to continue in a sequence of courses at CVHS will have to complete the CVHS final exam for the VLACS course. The score results of this final exam will be used for placement recommendations.



**School Counseling Department**  
184 Hancock Road • Peterborough, NH 03458  
Tel: 603-924-4120 Fax: 603-924-2325

**VLACS Credit Approval Form**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
VLACS Course Requested

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date\*

\_\_\_\_\_  
Credit

Student will complete course\*\* (circle one):      Independently      CVHS VLACS Lab

\_\_\_\_\_  
VLACS Course Requested

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date\*

\_\_\_\_\_  
Credit

Student will complete course\*\* (circle one):      Independently      CVHS VLACS Lab

\_\_\_\_\_  
VLACS Course Requested

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date\*

\_\_\_\_\_  
Credit

Student will complete course \*\* (circle one):      Independently      CVHS VLACS Lab

\* Students taking graduation requirements must complete VLACS courses by Quarter 3 of their senior year.

\*\* Students who have a class period in the school day to work on VLACS will have the support of a paraprofessional during that time. Students are expected to attend this class block and attendance will be taken.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date