



**National
PASS
Center**

Fort Scott Community College
2108 S. Horton
Fort Scott, Kansas 66701
620-223-2700 ext. 3620
620-223-6530 (fax)
NPCFSCC@fortscott.edu

**Portable Assisted Study Sequence (PASS)
Academic Credit Memorandum of Understanding**

This document constitutes an agreement among the signatories that academic credit will be accepted/granted for the specified student upon successful completion of the indicated course(s) or units.

Student Name _____ Date of Birth _____

Present Address _____

_____ Student ID # (if applicable) _____

District _____ School _____ Grade _____

Home base Address (if different from above)

District _____ School _____ Phone _____

| PASS Course(s) | Full | Partial (Units?) | |
|----------------|--------------------------|--------------------------|-------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Credit will be granted by (select one):

Local School District

Other _____

Authorized School Administrator _____ Date _____

Local PASS Contact _____ Date _____

Phone _____ Email _____