

NATIONAL PASS CENTER

Geneseo Migrant Center ▪ 3 Mt. Morris-Leicester Road ▪ Leicester ▪ NY ▪ 14481
(800) 245-5681 ▪ fax: (585) 658-7969 ▪ e-mail: pass@migrant.net



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 _____

PORTABLE ASSISTED STUDY SEQUENCE

A semi-independent-study credit accrual option