CREDIT RECOVERY APPLICATION

*** Student Fills Out**

* Last Name _____ * First Name _____ * MI ____

*Social Security Number _____ * Street Address _____ * City/Zip Code _____

Parent/Guardian Signature **(Signature is required)** _____ * Home Phone _____ * Work/Cell Phone _____

Course Requested	Previous Grade	Date Credit Completed	Course Recovery Completion Grade
*			

Comments: _____

_____

☐ Student is eligible and approved for Credit Recovery

☐ Student is **not** eligible and approved for Credit Recovery

Student/Parent/ School Official Conference is scheduled for_____

Principal _____ Counselor _____ Teacher Recommendation _____

Parent Signature _____ Student Signature _____

Course Recovery Facilitator Signature _____