

ID (if known)

## REQUEST FOR CREDIT RECOVERY - STUDENT PLAN

Section 1: To be completed by the student						
Student Information						
LastName	First Name	Day	у	Birthda	ate Ye	ear
Course Information (course for which I am app	lying):					
Course Name						
Student Credit Recovery Plan						
Actions I will be taking to ensure Credit Recovery wi	Il be successful:					
Expected Completion Date:    DAY   MON	mark of 40% or I must have		ı mar	k of 35	%	
My mark as reported on my report card wa	S:%					
Attendance%						
			Day	Mon	Yea	r
			Day	Mon		
Student's Name	Signature					

Northwest School Division Administrative Procedures Manual



## ONCE THIS SECTION IS COMPLETE, PROVIDE TO YOUR TEACHER REQUEST FOR CREDIT RECOVERY –TEACHER PLAN

Section 2: To be completed by the school

Original Teacher Information:						
	<u> </u>		I			
Last Name	First Name		Teacher's	S Certificate		
New Teacher Information (if required):						
Last Name	First Name			che		
			rt 	ifica		
Course Work Expectations:	•					
Including outcomes to achieve, specific assign plan).	nments, identificat	ion of adaptations and due d	lates for each tas	k (or attach work		
piair).						
Evaluation:						
Original Final Mark Record submitted to the Ministry of Education	%	New Final Mark Record sub Ministry of Education	mitted to the	%		
Williamy of Education		winned y Or Education				



## Administrative Procedure Form 222-1

(place this form in the student's cumulative file and fill in the Mark Correction form)					
		Day	Mon	Year	
Teacher	Signature				
		Day	Mon	Year	
Principal	Signature				
		Day	Mon	Year	
Superintendent	Signature				