



REQUEST FOR CREDIT RECOVERY – STUDENT PLAN

ID (if known)		

Section 1: To be completed by the student

Student Information			
LastName	First Name	Birthdate Day Mon Year	
Course Information (course for which I am applying):			
Course Name			
Student Credit Recovery Plan			
Actions I will be taking to ensure Credit Recovery will be successful:			

Expected Completion Date:

DAY	MONTH	YEAR

I understand that I must have a minimum mark of XX% and I must have attended at least XX% of classes to request Credit Recovery.

My mark as reported on my report card was: _____%

Day	Mon	Year

Student's Name

Signature

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:			
Last Name	First Name	Teacher's Certificate	
New Teacher Information (<i>if required</i>):			
Last Name	First Name	Teacher's Certificate	
Course Work Expectations:			
Including outcomes to achieve, specific assignments, identification of adaptations and due dates for each task (<i>or attach work plan</i>).			
Evaluation:			
Original Final Mark Record submitted to the Ministry of Education	_____ %	New Final Mark Record submitted to the Ministry of Education	_____ %



Administrative Procedure Form 222-1

(place this form in the student's cumulative file and fill in the Mark Correction form)

Teacher

Signature

Day		Mon		Year			

Principal

Signature

Day		Mon		Year			

Superintendent

Signature

Day		Mon		Year			