

CREDIT RECOVERY COURSE REQUEST

Student Name: _____ Date: _____

Student Email: _____

Graduation Year: _____ Current Grade: 9th 10th 11th 12th

Counselor Name: Mr. Absher Ms. Marino Ms. Graver Ms. Freeman Ms. Peart

Course(s) Being Requested	Semester(s)		EOCT	Final Grade of Original Course
<input type="checkbox"/> 9 th Grade Lit	<input type="checkbox"/> S1 (23.3610005)	<input type="checkbox"/> S2 (23.3610006)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> 10 th Grade Lit	<input type="checkbox"/> S1 (23.3620005)	<input type="checkbox"/> S2 (23.3620006)	N/A	_____
<input type="checkbox"/> 11 th Grade/Amer Lit	<input type="checkbox"/> S1 (23.3510005)	<input type="checkbox"/> S2 (23.3510006)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> British Lit	<input type="checkbox"/> S1 (23.3520005)		N/A	_____
<input type="checkbox"/> 12 th Grade World Lit	<input type="checkbox"/> S1 (23.3630005)		N/A	_____
<input type="checkbox"/> GSE Algebra	<input type="checkbox"/> S1 (27.3971008)	<input type="checkbox"/> S2 (27.3971009)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> GSE Geometry	<input type="checkbox"/> S1 (27.3991008)	<input type="checkbox"/> S2 (27.3991009)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> GSE Algebra 2	<input type="checkbox"/> S1 (27.3992008)	<input type="checkbox"/> S2 (27.3992009)	N/A	_____
<input type="checkbox"/> GSE PreCalculus	<input type="checkbox"/> S1 (27.3974008)	<input type="checkbox"/> S2 (27.3974009)	N/A	_____
<input type="checkbox"/> Math of Finance	<input type="checkbox"/> S1 (27.3870008)	<input type="checkbox"/> S2 (27.3870009)	N/A	_____
<input type="checkbox"/> CCGPS Coord Algebra	<input type="checkbox"/> S1 (27.3971008)	<input type="checkbox"/> S2 (27.3971009)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> CCGPS Anly Geometry	<input type="checkbox"/> S1 (27.3972008)	<input type="checkbox"/> S2 (27.3972009)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> CCGPS Adv Algebra	<input type="checkbox"/> S1 (27.3973008)	<input type="checkbox"/> S2 (27.3973009)	N/A	_____
<input type="checkbox"/> Biology	<input type="checkbox"/> S1 (26.3120005)	<input type="checkbox"/> S2 (26.3120006)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> Physical Science	<input type="checkbox"/> S1 (40.3110005)	<input type="checkbox"/> S2 (40.3110006)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> Chemistry	<input type="checkbox"/> S1 (40.3510005)	<input type="checkbox"/> S2 (40.3510006)	N/A	_____
<input type="checkbox"/> Environmental Sci	<input type="checkbox"/> S1 (26.3611008)	<input type="checkbox"/> S2 (26.3611009)	N/A	_____
<input type="checkbox"/> Earth Systems	<input type="checkbox"/> S1 (40.3640008)	<input type="checkbox"/> S2 (40.3640009)	N/A	_____
<input type="checkbox"/> Astronomy	<input type="checkbox"/> S1 (40.3210008)	<input type="checkbox"/> S2 (40.3210009)	N/A	_____
<input type="checkbox"/> American Government	<input type="checkbox"/> Semester Course (45.3570008)		N/A	_____
<input type="checkbox"/> Economics	<input type="checkbox"/> Semester Course (45.3610008)		<input type="checkbox"/> Yes	_____
<input type="checkbox"/> US History	<input type="checkbox"/> S1 (45.3810008)	<input type="checkbox"/> S2 (45.3810009)	<input type="checkbox"/> Yes (S2 Only)	_____
<input type="checkbox"/> World Geography	<input type="checkbox"/> S1 (45.3711008)	<input type="checkbox"/> S2 (45.3711009)	N/A	_____
<input type="checkbox"/> World History	<input type="checkbox"/> S1 (45.3830008)	<input type="checkbox"/> S2 (45.3830009)	N/A	_____
<input type="checkbox"/> Health	<input type="checkbox"/> S1 (17.3110008)		N/A	_____



Turn completed form into the Counseling Office.

You will be notified by Mrs. Jiram when your request has been approved.
If you have questions about your credit recovery class, see Mr. Miley in Room J-02

Counselor Signature: _____ Date: _____