

**Request for Credit Recovery Plan**

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| --- |
| **Student Information** |
| Last Name | First Name | Birthdate Day Mon Year |
|  |  |  |  |  |  |  |  |  |
|  | Learning ID |
|  |  |  |  |  |  |  |  |  |  |
| **Teacher Information** |  |  |
| Last Name | First Name | Teacher’s Certificate |
|  |  |  |  |  |  |  |  |
| **Course Information** |  |  |
| Name of Course | Mark Attained |
| Outcomes Completed----- | Mark Achieved |
| Outcomes to be completed | Specific Assignments/Evaluations to be completed |
| Plan for completing outstanding outcomes |
| Expected Date of Completion: |
| Original Final Mark Record submitted to the Ministry of Education | \_\_\_\_\_ % | *NEW* Final Mark Record submitted to the Ministry of Education | \_\_\_\_\_ % |

*(Place this form in the student’s cumulative file and fill out the Mark Correction form)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student |  | Signature |  | Date |
|  |  |  |  |  |
| Teacher |  | Signature |  | Date |
|  |  |  |  |  |
| Administrator |  | Signature |  | Date |
|  |  |  |  |  |
| Superintendent |  | Signature |  | Date |