

**Request for Credit Recovery Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |