

CREDIT RECOVERY APPLICATION

Student name: _____ Grade level: _____

Name of course(s) to be recovered: _____

To be completed by the student

I understand that the district’s credit recovery program is designed to allow me the opportunity to earn credits towards graduation for courses I have previously taken and failed.

I understand that because this program is individualized to include only the course material I have not yet mastered and not the full course, a passing grade I receive for completion of the program will be transcribed as the numeric grade equivalent to the GPA quality points of my cumulative GPA at the time I complete the credit recovery course, including the failing grade in the initial credit course. If my cumulative GPA is an “F,” then the grade entered for passing the credit recovery course will be a 60. This grade will be recorded on my transcript and denoted that it was completed in the form of credit recovery. My grade in the initial course will remain on my transcript as well.

I understand participation in the credit recovery program is likely to affect my eligibility for National Collegiate Athletic Association (NCAA) play.

I have read and understand district policy IKADD*, and I, the undersigned, agree to the terms and conditions of the program contained therein.

Student’s signature

Date of application

To be completed by the parent/legal guardian

I, the parent/legal guardian of the above named student, do hereby give my consent for my child to participate in the district’s credit recovery program.

I have read and understand district policy IKADD*, and I, the undersigned, agree to the terms and conditions of the program contained therein.

Parent/Legal guardian’s name (please print)

Parent/Legal guardian’s signature