

TO BE COMPLETED BY THE STUDENT

RIVER DELL HIGH SCHOOL COURSE CREDIT APPEAL FORM

To be completed by the *student* _____
Student Name _____ Grade _____

Appeal is written for _____
Course title _____

The course is a (circle one) **Semester Course** **Year Course**

Class Period _____ Teacher Name(s) _____

LOSS OF CREDIT IS DUE TO EXCESSIVE CUTS AND/OR TRUANCIES. In the space provided , please indicate the reasons you feel that the credit should be re-considered.

Prior to Loss of Credit, a conference was/was not scheduled by the parent.

A decision on this appeal will be made either **January or June**.

Appeal committee: Assistant Principal, Director of Student Personnel, Nurse and a Teacher.

Return this form to Mr. Flanagan by _____ for appeal consideration.

Parent's Signature **Date** * _____
Counselor's Signature **Date**

Mr. Pepe, Principal

Mr. Flanagan, Assistant Principal

* The counselor's signature indicates that the consequences of losing credit in this course have been discussed and in no way endorses this Loss of Credit Appeal.