

CREDIT RECOVERY APPLICATION

Student name: _____ Grade level: _____

Name of course(s) to be recovered: _____

To be completed by the student

I understand that **the Rock Hill School 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, it is GPA neutral. This means that if I pass the credit recovery course with a 60 or higher, the passing grade will be entered on my transcript as "P." If I do not pass, the failing grade will be entered as "NP." Neither the "P" nor the "NP" grade designation will impact my GPA.

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 (district name)'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

Office Use

- Signature from Guidance/Administrator: _____
- Course(s) Start Date: _____
- Anticipated End Date: _____