



Application for Credit Recovery

Board Policy 6.310
Credit for Alternative Courses and Programs and Course Substitutions
 Guidelines regarding credit earned for alternative course work
www.unit5.org/Page/3825

Student Name: _____ Date: _____

Phone _____ Grade ____ Parent/Guardian _____

Fall 20__ Spring 20__ Senior Session 20__ Summer 20__

Failed Course	Semester Failed	Credit Recovery Course Name	HS Credit	Paid

- Pay for one class at a time. No Refunds available.
- Evidence of successful completion is required prior to awarding high school credits.
- All assessments (diagnostic pre-tests and unit tests) will be provided only during lab time at a Unit 5 school.

Student Signature _____

Parent Email _____

Parent Signature _____

(Signature affirms that you have read Board Policy 6.310 and accept its constraints.)

For Office Use Only

Approved Denied _____ (Counselor)

Approved Denied _____ (Building Principal)

Case Manager Email _____
 (Special Education or CARES)