

LOSS OF CREDIT APPEAL

Student Name _____ **Grade** _____ **Date** _____

Teacher Name _____ **Course** _____

Please write your appeal here. Be certain to include information about how you lost credit and what you intend to do to change your poor attendance. Also, include all of the things you intend to do as part of your appeal. You are encouraged to see your parents, administrator, or counselor to get assistance with writing your appeal. Turn this in as soon as possible, after you lose credit. Remember that your teacher will make the decision to accept or deny your appeal. If you are denied credit, you have the right to appeal to the principal.

Student's Signature _____

Parent's Signature _____

Teacher Recommendation:

_____ **Approved** _____ **Denied** _____ **Approved with the following conditions:**

Teacher's Signature _____

Administrator's Signature _____

CC: counselor