



Allegany-Limestone Online

Unit/Quarter/Credit Recovery Contract

Student Name: _____ Grade Level: _____ School year: _____

Course for which unit/quarter/credit recovery is needed: _____

To be recovered: Course _____ Quarter _____ Unit _____

Syllabus is attached: Yes No _____

Recommended by (Signature Required): _____

Timeframe for completion: _____

Successful completion will be defined as _____

Admission into Credit Recovery Approved by (signature required):

Teacher: _____ Date: _____

Counselor: _____ Date: _____

Principal: _____ Date: _____

Upon successful completion as described above, the student's academic record will be changed. For Credit Recovery, only, progress will be reported using S/U while the student completes course requirements. It is the student's responsibility to attend all sessions as scheduled and to behave in a manner conducive to learning. Failure to do so may result in disciplinary consequences and a forfeiture of this grade recovery opportunity.

By signing below, I accept the terms and conditions of this contract.

Student Signature _____ Date

Parent/Guardian Signature _____ Date

Notice of Grade Change:

Credit Recovery Course Completed:

Date Grade Authorizing Signature (Recovery Facilitator)

Record Change Authorization:

Course/Quarter Grade Principal Date