

**CREDIT RECOVERY REQUEST FORM**  
**West Point Consolidated School District**

Student's name: \_\_\_\_\_ MSIS: \_\_\_\_\_

Request for: \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester      Date of request: \_\_\_\_\_

Course: \_\_\_\_\_ MAAP Passed (if applicable): \_\_\_\_\_ Yes \_\_\_\_\_ No

**COURSE HISTORY**

Year: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Year: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Year: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Year: \_\_\_\_\_ Final Grade: \_\_\_\_\_

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Request form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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*\*\*Email the completed request form to the Director of the Office of Curriculum and Assessment for approval.\*\**

\*\*\*\*\* **Do Not Write Below This Line** \*\*\*\*\*

Date course assigned: \_\_\_\_\_

Units to be completed: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Date coursework completed: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_ Passed (successfully recovered credit for coursework)

\_\_\_\_\_ Failed (did not recover credit)