I-2: Improving a Course Grade Form

INTENT TO ENROLL IN A COURSE FOR THE PURPOSE OF IMPROVING A COURSE GRADE

If the course/title is not exactly the same, prior district approval is required before the student starts the course to ensure it is COMPARABLE.

Student Name: ___________________________ Student ID Number: ___________________________ School: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Original Course Title</th>
<th>Letter Grade Originally Received</th>
<th>Semester Being Retaken</th>
<th>Quarter Grade(s) Student is Attempting to Replace</th>
<th>Replacement Course Title</th>
<th>Is the Course the SAME or a COMPARABLE Course?</th>
<th>Appropriate Educational Entity at which Coursework will be Repeated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2</td>
<td>1 2 3 4</td>
<td>Same</td>
<td>Comparable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 2</td>
<td>1 2 3 4</td>
<td>Same</td>
<td>Comparable</td>
<td></td>
</tr>
</tbody>
</table>

Expected Completion Date of Course(s): ___________________________ Counselor: ____________________________________________

Site Level Approval Required Prior to Enrollment in the SAME Course and First Level Approval for Enrollment in a Comparable Course:

Student Signature: ___________________________________________ Date: ______________

Counselor Signature: ___________________________________________ Date: ______________

If the course is the same, no further action is needed until the class is completed.

District Level Approvals Required Prior to Enrollment in a COMPARABLE Course:

Send request to the executive director of teaching and learning.

Documentation for Enrollment in a Comparable Course Submitted to District Credit Committee on this Date: ___________________________

District Credit Committee Decision: Approved / Denied (circle one) Date: ______________
After Completing a Course for a Replacement Grade:

I. Submit the application form and a copy of the transcript to the counselor for approval.
   A. The following is to be completed by the counselor.
      Replacement Course Title: ______________________
      Replacement Course Grade: ______________________

      Approved / Denied (circle one)          Signature: ______________________
      Print Name: ______________________
      Date: ______________________

II. Return to school registrar to replace grade.
   A. The following is to be completed by the registrar.
      Replacement Grade Added to Transcript on this Date: ______________________

      Signature: ______________________
      Print Name: ______________________

   B. Registrar will retain scan of application and transcript and return application to counselor.

   C. Please review school credentials to ensure they meet the requirements for grade replacement.