



ADLAI E. STEVENSON HIGH SCHOOL
COURSE RETAKE REQUEST

NAME _____ ID NUMBER _____ GRADE _____

COURSE NAME _____ SEMESTER: _____

COURSE NUMBER _____ YEAR COURSE WAS ORIGINALLY TAKEN: _____

REASON FOR RETAKE:

- FAILED COURSE
- GRADE IMPROVEMENT
- OTHER (Explain) _____

- The original grade will remain on the transcript. The grade points from the higher grade will be used to determine the grade point average.
- The student should return the completed form to the counselor.
- After processing, the counselor will submit the original form to the registrar and retain a copy for the student file.
- Once the retake is completed, the registrar will send an updated transcript to the counselor confirming that the retake has been completed.

PLEASE OBTAIN SIGNATURES IN THE FOLLOWING ORDER:

1. STUDENT SIGNATURE _____ DATE _____

2. PARENT/GUARDIAN SIGNATURE _____ DATE _____

3. COUNSELOR SIGNATURE _____ DATE _____

FOR REGISTRAR USE ONLY: Processed on _____ Initials _____