4 *Spartanburg County School District Four*

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FILE: IKADD-E

CREDIT RECOVERY APPLICATION

Student name _____ Grade level _____

Name of course(s) to be recovered:

To be completed by the student

I understand that Spartanburg County School District Four's credit recovery program is designed to allow me the opportunity to earn credits towards graduation for courses I have previously taken and failed.

I understand that because this program is individualized to include only the course material I have not yet mastered and not the full course, I will receive earned credit for the course upon completion of the program. A grade of "P" denoting passing will be transcribed on my academic record and will not impact my GPA positively or negatively. No numerical grade or grade points will be awarded for completion of credit recovery courses. My grade in the initial course will remain on my transcript. A new course reflecting credit recovery with the grade of "P" and earned credit will be added to my transcript.

I understand participation in the credit recovery program is likely to affect my eligibility for National Collegiate Athletic Association (NCAA) play.

I have read and understand district policy IKADD, and I, the undersigned, agree to the terms and conditions of the program contained therein.

_____ _____

Student Signature Date of Application

To be completed by the parent/legal guardian

I, the parent/legal guardian of the above-named student, do hereby give my consent for my child to participate in Spartanburg County School District Four's credit recovery program.

I have read and understand district policy IKADD, and I, the undersigned, agree to the terms and conditions of the program contained therein.

_____ _____

Parent/Legal Guardian's Name (please print) Parent/Legal Guardian's Signature