



NEWFIELD HIGH SCHOOL

Teacher Recommendation for Granting of Course Credit / Mid Year Exit

Student Name: _____ Student Number: _____

Course: _____ Teacher: _____

Rationale for Granting of Credit:

Q1 GRADE _____ Q2 GRADE _____ PASSED REGENTS _____

FINAL GRADE: _____

Recommended By:

Teacher: _____ Date: _____

Comments: _____

Grade Administrator Signature: _____ Date: _____

Comments: _____

For Office Use Only

_____ Date Entered by Donna Renahan

_____ Date Copy Given to Guidance Counselor