

Denied Credit for Attendance (DCA)

STUDENT APPEAL FORM

Please return this form to the grade level assistant principal within the last 3 weeks of the course

Student Name: _____ Date: _____

Guidance Counselor: _____ Grade: _____

Course	Teacher	Credits (1 or .5)	*IF .5 Credit indicate Semester (Fall or Spring)

REASON FOR APPEAL (to be completed by the student, use back for additional space, if needed)

STUDENT SIGNATURE _____

Principal's Findings:

Check one:

Appeal Granted ()

Appeal Denied ()

Appeal Conditional ()

Principal Signature