

Checklist for Completed Loss of Credit Appeal Application

Incomplete or late appeal packets will not be reviewed for consideration for reinstatement of credit. **If a student received an F in the class then it is not appealable.** For an application to be complete, **all portions** must be handed in within **two weeks** of receipt of the loss of credit letter.

Please hand the completed Loss of Credit Appeal Application to Jay or Brian.

Thank you for your cooperation.

Date Material Received: _____

1. _____ Copy of the Loss of credit letter sent home to student.
2. _____ Any medical/court/other documentation.
3. _____ Student Narrative
4. _____ Parent/Guardian Narrative
5. _____ Teacher Narrative(s)

Note: Additional teacher forms and envelopes can be found in the main office

Loss of Credit Committee Use Only:

Date of Meeting: _____

Is this student a Special Ed or 504 student: Special Ed 504 N/A

Current Credits: _____

Class/Teachers: _____

IR2 Behavior Data: _____

OSS _____ ISS _____ Behavior referrals _____

Decision:

Teacher Statement

Dear Walter Fitzgerald Campus Teacher,

The student referenced below is in the process of appealing his/her loss of credit in your course. Part of the process requires them to solicit your feedback. Please complete the information below, place this form in the envelope provided, seal the envelope, sign across the seal and return the envelope to the student.

Thank you.

Student: _____

Teacher: _____

Course: _____ Period: _____

Date: _____

In my opinion,

This student should receive his credit in my course.

This student should not receive his credit in my course.

Please provide the appeals committee any relevant information which you believe will help inform the decision to reinstate or deny credit to this student.

Teacher Statement

Dear Walter Fitzgerald Campus Teacher,

The student referenced below is in the process of appealing his/her loss of credit in your course. Part of the process requires them to solicit your feedback. Please complete the information below, place this form in the envelope provided, seal the envelope, sign across the seal and return the envelope to the student.

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Please provide the appeals committee any relevant information which you believe will help inform the decision to reinstate or deny credit to this student.
