

Student's Name

Sask DLC – Credit Recovery Application Form

Learning ID (if known)

Student Plan Section 1: To be completed by the student **Student Information:** Last Name First Name Birthdate Day Course Information (course for which I am applying): Course Name **Student Credit Recovery Plan** Actions I will be taking to ensure credit recovery will be successful: Mon Year **Expected Completion Date:** ☐ I understand that I must have a minimum mark of 40% and I must have met the eligibility criteria in accordance with Sask DLC Administrative Procedures for Credit Recovery. My mark as reported on my report card was: _______%

Signature

Teacher Plan

Section 2: To be completed by the Sask DLC Campus

Original Teacher Information:					
Last Name	First Name		Teacher's Certificate		
New Teacher Information (if required):					
Last Name	First Name		Teacher's	Certificate	
Course Work Expectations:					
Including outcomes to achieve, specific assignments, identification of adaptations and due dates for each task (or attach work plan).					
Evaluation:					
Original final mark record submitted to the	%	New final mark record submitte	d to the	·	%
Ministry of Education —		Ministry of Education			
(place this form in the student's cumulative file and fill in the Secondary Level Mark Corrections form)					
			Day	Mon Year	\exists
			. [
Teacher	Signature (ele	ctronic signature acceptable)			
			Day	Mon Year	\exists
	6:				
Campus Administrator	Signature (electronic signature acceptable)				
			Day	Mon Year	\exists
Superintendent of Student Programming	Signature		. [_