



**REQUEST FOR CREDIT REMOVED
FROM STUDENT RECORDS**

Date:

1. STUDENT INFORMATION-*(Complete all sections.)*

Name:		DOB:		Current Grade:	
School:		Administrator:			

2. WHAT IS THE COURSE TO BE REMOVED?

- The request is to remove the following course _____ and the earned letter grade from my transcript.
- I understand that I will need to repeat the course prior to graduation.

3. COMMITTEE MEMBERS' SIGNATURES - *(Parent and student signature also indicates agreement to remove of the course and letter grade from the current transcript. PC.)*

Student (required)	School Administrator (required)
Parent/Guardian (required)	Other (optional)

4. DISTRICT DESIGNEE REVIEW

I have reviewed and the request has been removed from the transcript.

Signature		Date:
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Return this form to the Teaching and Learning Department
 Email: teachingandlearning@uticak12.org
 Fax: 586-797-8854