Analy High School

Appeals Form

- Please Print -

Student ID # _____

Student Name _____ Grade: _____ Fall/Spring _____ Year
(Circle One)

I request the appeal committee to reinstate my semester credit as follows:

PERIOD	COURSE	TEACHER	CREDITS REQUESTED
1			
2			
4			
5			
6			
7			
8			

Reason for request (attach a doctor's verification if possible).

_____

_____

_____ _____
Parent/Guardian signature Today's Date

COMMITTEE ACTION

Date Received: _____

_____ Credit reinstated _____ Appeal denied _____ Meet with committee

_____

_____ _____ _____
Vice Principal Date Registrar

White - Student/Parent *Yellow - Registrar* *Pink - Counselor* *SCOE 9/99*