



School Counseling Department
184 Hancock Road • Peterborough, NH 03458
Tel: 603-924-4120 Fax: 603-924-2325

Procedure for credit transfer for Credit Recovery Coursework

1. Student must meet with guidance counselor to review their transcript and discuss appropriateness of credit recovery coursework prior to registering for a course.
2. Student must complete Credit Recovery Approval Form to include:
 - a. Course(s) requested
 - b. Anticipated start date
 - c. Anticipated end date
 - d. Determination of delivery of course:
 - Extended Day Academy
 - Online Learning Lab
 - Independently
 - Classroom teacher
 - Summer Academy
 - Adult Diploma Program
 - Alternative Learning Plan
 - e. Signatures of student, parent/guardian, counselor, director of guidance and registrar.
3. Once approved, the request for registration will be forwarded to the appropriate contact person:
 - Extended Day Academy (Mr. Ritenaeur)
 - Online Learning Lab (Mrs. Clark)
 - Independently (Mrs. Clark)
 - Classroom teacher (classroom teacher)
 - Summer Academy (Mr. Ritenaeur)
 - Adult Diploma Program (Mrs. King)
 - Alternative Learning Plan (School Counselor)



School Counseling Department
 184 Hancock Road • Peterborough, NH 03458
 Tel: 603-924-4120 Fax: 603-924-2325

4. Following completion of the credit recovery coursework, the grade will be forwarded to the registrar.
5. Grades will show on the transcript as follows:
 - a. If a student is retaking a course to improve a grade, the new grade will show on the transcript and will be figured into the grade point average calculation. The old grade will also show; however, the point value will not be figured into the grade point average calculation.

Notes:

- Students taking graduation requirements must complete credit recovery courses by the end of Quarter 3 of their senior year.
- Students who have a class period in the school day to work on credit recovery will have the support of a paraprofessional during that time. Students are expected to attend this class block and attendance will be taken.

Credit Recovery Approval Form

Student Name	Student ID	Year of Graduation
--------------	------------	--------------------

Parent/guardian name	Phone number
----------------------	--------------

_____	_____	_____	_____
Course Requested	Start Date	End Date*	Credit
Student will complete course** (circle one):	Independently	CVHS Lab	

_____	_____	_____	_____
Course Requested	Start Date	End Date*	Credit
Student will complete course** (circle one):	Independently	CVHS Lab	

_____	_____	_____	_____
Course Requested	Start Date	End Date*	Credit
Student will complete course ** (circle one):	Independently	CVHS Lab	



School Counseling Department
184 Hancock Road • Peterborough, NH 03458
Tel: 603-924-4120 Fax: 603-924-2325

* Students taking graduation requirements must complete VLACS courses by Quarter 3 of their senior year.

** Students who have a class period in the school day to work on credit recovery will have the support of a paraprofessional during that time. Students are expected to attend this class block and attendance will be taken.

Student Signature

Date

Parent/Guardian Signature

Date

School Counselor Signature

Date

Registrar Signature

Date