Mariner High School 200-120th St. SW Everett, WA 98204-5799



Mariner High School Credit Appeal

	Semester:	Year:		
		Grade:		
Parent/Guardian Name:		Daytime Phone:	Daytime Phone:	
		Date:		
Complete all sectiInclude documentSubmit completed	occepted within 30 so ons of the form. Atation for all abse form to your assig that appeals may not be	chool days after the end of the semester being appealed. Inces (medical notes, diagnosis information) Ined Assistant Principal. In the made until semester grades are posted and attendance is reviewed; this may be of the date the appeal was submitted.	approximately 2	
ain a copy of their atte Student can only app	used absences or tra endance record and seal one time each s	uancies are not eligible to appeal for credit. It is the responsibility of the clarify any attendance discrepancies with their teachers) prior to appealing semester: you cannot add another class to your appeal. In modations must excuse their absences in keeping with attendance polici	ng for credit.	
. I wish to have i	my credit return	ed in the following courses:		
1st period	Course Name:			
2nd period	Course Name:			

2. Explain why you exceeded the limit of 12 absences.

Approved: Date:	
Signature:	
Denied: Date: _	
Signature:	
Contract: attache	

White: Student/Parent Copy Yellow: Registrar Pink: Administration