

Missouri Online Summer Institute 2023

Credit Recovery Course Approval Form

Student Name: _____ School District: _____

- ✓ The student listed above acknowledges that he or she will not be enrolled in any other summer school program. Enrollment in another summer school program will disqualify the student from enrolling in MOSI.

Credit Recovery Course(s): _____

Please outline specific deficiencies the above student experienced in this course. This is required by DESE to be enrolled in a Credit Recovery Course.

Educator's Signature

Date

Please fax the completed and signed form to Grandview at **636-944-3515**