

MTC Application for a Retake

Student Name:______ HR: _____

*Middle School students are responsible for initiating the retake process.	
To be eligible for a retake:	
1. All notes, assignments, a original summative assess	nd formative assessments must have been completed <u>prior to the</u> nent.
2. Test corrections must be grade being posted.	completed and submitted with this form within 5 school days of the
Assessment for which you are	equesting a retake:
Subject:	_Teacher:
Chapter/Unit:	
Original Assessment Score:	Original Assessment Date:
Date Score Posted:	Application Due Date:
Application for Retake has been s session for any reason other than assessment and will receive the lo Retake Time (Please check one):	(Retakes are administered on the next Tuesday after the ubmitted. If the student fails to attend the agreed upon retake an absence due to illness, he/she forfeits the right to retake that ss of a point/demerit.) morning afternoon after school clubs are required to complete retakes in the morning.
Student Signature:	Date:
Parent/Guardian Signature:	Date:
Teacher Signature:	Date: