ARLINGTON PUBLIC SCHOOLS

**DEPARTMENT OF INSTRUCTION**

Arlington, Virginia

**Request for Elimination of Middle School Course Grades/Credits from**

**High School Transcript**

Date: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ SID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_

 (Student identification number)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended: \_\_\_\_\_\_\_\_

Middle School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended: \_\_\_\_\_\_\_\_

We are requesting the elimination of the following course(s) – both the grade(s) and the credit(s) – from the student’s transcript. We understand that this means the course grade(s) will **not** appear as part of the student’s record and high school grade point average. We also understand that, if the student passed the Standards of Learning (SOL) test associated with any of these courses and thus has a verified credit needed for graduation, the verified credit will no longer exist. (This means, for example, if the student passed World Geography and passed the SOL test, the student would have one verified credit toward graduation. By deleting this course the student will need four more social studies courses in order to earn an advanced studies diploma – three for a standard diploma – and will need to pass at least two social studies SOL tests in high school.)

We have reviewed the graduation requirements for this student and are aware of the implications of our request. We request the following course(s) be deleted from the student’s transcripts:

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Course Title Letter Grade Grade Level Course Title Letter Grade  Grade Level

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Course Title Letter Grade Grade Level Course Title Letter Grade Grade Level

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Course Title Letter Grade Grade Level Course Title Letter Grade Grade Level

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Director of Counseling:\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

 initials

 Revised 10/18