



Request to Remove Pre 9th Grade Credit

Complete this form to request Middle School course credit be removed from the High School transcript. Per the PPS AD 6.10.110, the request must be completed prior to the end of the first semester of the 9th grade year.

STUDENT/PARENT Instructions:

- Complete the **STUDENT** section of this form
- Return form to the Current High School **PRIOR** to the end of the first semester of 9th grade

SCHOOL Instructions:

- Verify the student section information is accurate
- Complete the **SCHOOL** section of this form
- Submit this form to the itservicedesk@pps.net
- Wait for notification from SIS Support that the process has been completed
- Run the GPA and the Ranking Report and print the transcript to verify the deletion is accurate
- Notify the student and counselor

S T U D E N T	Print Name:		Pupil #:	Date:
	Current High School: (check one)			
	<input type="checkbox"/> Benson <input type="checkbox"/> Cleveland <input type="checkbox"/> Franklin <input type="checkbox"/> Grant <input type="checkbox"/> Jefferson <input type="checkbox"/> Lincoln <input type="checkbox"/> Madison <input type="checkbox"/> Roosevelt <input type="checkbox"/> Wilson <input type="checkbox"/> Other: _____			
	Where did you earn the Pre 9 th Grade Credit that is to be removed? (Example: Beaumont MS)			
	Which Pre 9 th Grade Course is to be removed?			
	<input type="checkbox"/> Algebra 1-2 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 3-4 <input type="checkbox"/> Spanish 1-2 <input type="checkbox"/> Spanish 3-4 <input type="checkbox"/> French 1-2 <input type="checkbox"/> Mandarin 1-2 <input type="checkbox"/> Japanese 1-2 <input type="checkbox"/> Arabic 1-2 <input type="checkbox"/> Other: _____			
During what grade was the course taken? <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> Other: _____				
Parent/Guardian Signature:				Date:
S C H O O L	Counselor Name: (print)			
	Date Form Returned:		Student Information Verified:	
	School Staff Signature of Approval:			Date:
	Name of Submitter: (print)			Phone Ext:
	Date submitted to itservicedesk@pps.net :			
	<i>Once notified the courses have been updated, complete the following actions:</i>			
	<input type="checkbox"/> Update GPA Run <input type="checkbox"/> Ranking Report Run <input type="checkbox"/> Transcript Verified <input type="checkbox"/> Student Notified <input type="checkbox"/> Counselor Notified <input type="checkbox"/> Form filed in CUM Folder			
S I S	Date Received:		Updated in Synergy: <input type="checkbox"/>	
	Date School Notified:		via: <input type="checkbox"/> Phone <input type="checkbox"/> e-Mail	
	Other Information:			