

**R. T. Fisher School  
Credit Recovery Lab  
Completion Document**

Name: \_\_\_\_\_ Date of Completion \_\_\_\_\_

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Credit Recovered:

|              |             |
|--------------|-------------|
| Course _____ | Grade _____ |
| _____        | Grade _____ |
| _____        | Grade _____ |
| _____        | Grade _____ |

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\_\_\_\_\_  
Lab Manager Signature

\_\_\_\_\_  
Date sent to Guidance

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\_\_\_\_\_  
Date Entered on Transcript

\_\_\_\_\_  
Guidance Dept. Signature