

MAST Academy

Teacher Recommendation Update Form

Please use only one form per course

Form must be returned no later than **May 22th, 2020** to your designated counselor (**No Exceptions**)

Student Name (Last, First)

Grade

Student ID

Course Requested

Teacher Name

Student: This form is to be utilized when you are requesting for teachers to reconsider their initial recommendation for a requested course. In order to receive a recommendation at this time, you must provide the instructor supporting document(s) for your request (ex. Grade report, student work etc.). You must obtain all signatures for this recommendation request to be processed.

As the student requesting this course recommendation you must adhere to the following conditions:

Please initial each line to acknowledge condition

_____ If I have difficulty in the requested course, it is my responsibility to do what is necessary to perform satisfactorily in the course.

_____ I understand that all courses, including those taken in middle school and/or "forgiven," will appear on my permanent transcript.

Instructor: Granting this recommendation approval will allow the student to enroll in the requested course.

Please initial line to acknowledge decision

_____ After evaluating the student's continued performance in my course **I'd like to change my earlier recommendation and recommend** the student for the course listed at the top of this document.

_____ After evaluating the student's continued performance in my course, I **do not** recommend the student for the course listed above.

Instructor Signature

Date

Student Signature

Parent Signature