

# Collaborative Credit Recovery Agreement

Date: \_\_\_\_\_

To: [Student's Name]

Address: [Student's Address]

**Dear [Student's Name],**

This Collaborative Credit Recovery Agreement outlines the terms and expectations for your participation in the credit recovery program for the course: [Course Title]. The purpose of this agreement is to provide you with the opportunity to recover academic credits while maintaining a collaborative and supportive learning environment.

## **Responsibilities of the Student:**

- Commit to attending all scheduled recovery sessions.
- Complete all assigned coursework and assessments in a timely manner.
- Communicate regularly with the credit recovery instructor regarding progress and challenges.

## **Responsibilities of the Educators:**

- Provide necessary resources and materials for course completion.
- Offer guidance and support throughout the recovery process.
- Monitor progress and provide feedback on assignments.

## **Timeline:**

The credit recovery process will occur from [Start Date] to [End Date].

## **Agreement:**

By signing below, you acknowledge your understanding and acceptance of the conditions outlined in this Collaborative Credit Recovery Agreement.

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact [Instructor's Name] at [Instructor's Email].

Sincerely,

[School Name]