

PETITION FOR RELEASE FROM INDIVIDUAL STUDY

STAFF USE ONLY:

Student Cumulative GPA _____ Current Quarter GPA _____
IS Attendance Record: _____ Days Present _____ Days Absent _____
Days Made Up _____ Days Outstanding _____
Weekly Grade Monitoring Forms _____ of _____ WGMF Percentage _____
Past IS History: _____

Staff: Please comment on the above student in the following areas—work ethic, focus while at IS, quality of work, improvement in skills/studying, general attitude, and whether you believe student should be released from IS.

TUTOR COMMENTS:

Tutor Signature _____ Date _____

ADVISOR COMMENTS:

Advisor Signature _____ Date _____

AC COMMENTS:

AC Signature _____ Date _____

ACTION TAKEN BY DIRECTOR

DENIED _____ REDUCED _____ PARTIAL _____
CONDITIONAL _____ FULL _____

EFFECTIVE DATE _____

Director Signature _____ Date _____