



Application form of Make-up Assessment and Make-Up Courses

Student Name:

Current Grade:

Student ID number:

Apply for make-up assessment (only for the past semester)

<input type="checkbox"/> Chinese Original score:	<input type="checkbox"/> Language Arts Original score:	<input type="checkbox"/> Math Original score:	<input type="checkbox"/> Social Studies Original score:
<input type="checkbox"/> Science Original score:	<input type="checkbox"/> Electives _____ Original score:	<input type="checkbox"/> PE/Health Original score:	<input type="checkbox"/> Performing Arts Original score:

Apply for make-up courses

Semester	Grade	Subject	Hours per week
Fall/Spring			
Fall/Spring			
Fall/Spring			
Fall/Spring			
Fall/Spring			

Applying date:

Parent Signature:

Parents' contact number:

IBSC Academic Affairs Section:

Dean of IBSC: