

**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)

|  |  |  |  |
| --- | --- | --- | --- |
| * **Chinese**

**Original score:** | * **Language Arts**

**Original score:** | * **Math**

**Original score:** | * **Social Studies**

**Original score:** |
| * **Science**

**Original score:** | * **Electives**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Original score:** | * **PE/Health**

**Original score:** | * **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:**