

Gervais High School

Work Experience for Credit – Request for Credit

Date _____

Student Name: _____

School term during which employment occurred: _____

The student named above has successfully completed all of the requirements for earning class credit for work experience during the term listed above.

Please add .5 credits of work experience to this student's transcript.

Counselor Signature
(or other staff member responsible for evaluating the student's final packet)

Date

Student Signature

Date