**Extra Credit Request Form**

Name:

Period: Date:

***This is an extra credit opportunity.***

**In order to qualify for the full test grade of 100% that may be awarded for the work completed on this assignment, students must acknowledge (initial) and adhere to each of the following:**

The assignment due date as determined by Ms. Reinert is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ As of today’s date, the student is not missing any course work or homework assignments.

\_\_\_\_\_\_\_\_\_\_ The student is aware that this assignment must be typed, double spaced, and prepared in a standard12 pt., Times New Roman font with one-inch margins. The student is aware that a handwritten draft of their work is also required.

\_\_\_\_\_\_\_\_\_\_ The student has read through all of the directions & requirements for this assignment and has requested clarification for anything unclear.

Student Signature:

Parent Signature: