

Credit Recovery Application

Please Print

Date: _____

Part I: To be completed by Student/Parent/Guardian

Student's Name: _____
Last
First
MI

WVEIS#: _____ Current Grade: 9 10 11 12 Counselor: _____

Parent's/Guardian's Name _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ Student's Cell Phone: _____

<p>I wish to enroll in the class below to recover a failed credit: Please have the teacher initial and add your failing percentage next to the course that you failed.</p>																							
				Initials & %								Initials & %											
Eng 9: Sem 1	Sem 2	_____		Math 1: Sem 1	Sem 2	_____		World Hist: Sem 1	Sem 2	_____		Eng 10: Sem 1	Sem 2	_____		Math 2: Sem 1	Sem 2	_____		US to 1900: Sem 1	Sem 2	_____	
Eng 11: Sem 1	Sem 2	_____		Math 3: Sem 1	Sem 2	_____		20/21 st Cent: Sem 1	Sem 2	_____		Eng 12: Sem 1	Sem 2	_____		Phys Sci 9: Sem 1	Sem 2	_____		Civics: Sem 1	Sem 2	_____	
Health: Sem 1	Sem 2	_____		Biology: Sem 1	Sem 2	_____		_____: Sem 1	Sem 2	_____													

I, _____, understand I am being afforded the opportunity to recover credit in classes, which I previously failed. Upon successful completion of the online course work, the credit and grade will be added to my transcript. The previous failing grade will remain on the transcript.

- **I must have obtained a minimum of 40% in the course that I failed to be eligible for credit recovery.**
- I understand this is a self-paced course but I must make adequate progress to remain in the course.
- I understand a facilitator is available for my assistance and I will consult with them on a regular basis to make certain I am making successful progress.
- I understand I must do my own work.
- I must be punctual for all sessions, remain on task, and follow all rules set out by the facilitator.
- Discipline problems will not be tolerated. If I am removed for any reason, I will not have the opportunity to participate in the program again.

 Student Signature Date

 Parent/Guardian Signature Date

I do not wish my child to participate in the Credit Recovery opportunity.

 Parent/Guardian Signature Date