George Washington Credit Recovery Request

Student Name:_____ WVEIS#_____ Grade: _____

Student Email: _____ Student Phone: _____

Parent Email: _____ Parent Phone: _____

Course Requested: _____ 1st Semester or 2nd Semester

Credit Recovery Course: $75.00 per ½ credit (semester). Make check payable to GWHS. Write the student's name in the memo line.

This course will close on July 30th. All submitted work will be graded, and the grade will be transcribed. There are **no exceptions** to permit an extension of time. This is a high school course, and **the grade will be part of the student's high school transcript and overall GPA,** even if they do not complete the course. The payment for the course is **non-refundable**. If there is a financial hardship, please contact Mrs. Davis at 304.348.7729 or ddavis@mail.kana.k12.wv.us.

By signing this form, I confirm that I understand the above information.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

PLEASE RETURN TO MRS. DAVIS

REGISTRATION AT GWHS IN THE LIBRARY
JUNE 18, 2026 FROM 8:30AM-3:30PM

MRS. DAVIS WILL BE AVAILABLE THIS SUMMER FOR PASSCODE ASSESSMENTS/ASSISTANCE:
JUNE - 22, 25, 29
JULY - 2, 6, 9, 13, 16, 20, 23, 27, AND 30
8:30AM-3:30PM

Cost: $75.00 Paid____ Registered____