

REQUEST TO REPEAT A COURSE

Student Name:	EHS ID #:
Student Cell:	Date:

Via WAC 180-57-070, a student may retake a course for increased knowledge and/or to improve a grade.

In addition there needs to be full knowledge that:

- The student must meet with the counselor to be advised of retake options
- The parent agrees and signs this document
- The student will be placed in the course pending availability
- It is the student's responsibility to check the transcript after the second attempt to insure accuracy of the transcript

Transcript options:

- _____ Repeat a course to earn a higher grade
- Receive no GPA credit for first attempt
 - The original course and grade stay on the transcript
 - But only the second attempt grade will be factored into the GPA
- _____ Repeat a course to accumulate credit
- Receive all credits for first attempt and second attempt
 - The original course and grade stay on the transcript
 - Both grades will be factored into the GPA

Name of original course	Date of original attempt	Grade of original attempt		Date of repeat attempt	Grade of repeat attempt

The undersigned parties understand and support the decision to repeat the course listed above:

Name	Date
Student:	
Parent:	
Counselor:	