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**Upper New York Annual Conference
Board of Ordained Ministry**



Date: _____

Re: **Course of Study Student Grade Sheet**

Part 1 (Student to fill out)

Name of Student:

District:

Address of Student:

Course Name and Number:

Instructor:

Date of Class:

Part 2 (School to fill out)

Name of School:

School Official Signature:

Position at School:

Grade student received in this class:

Once Part 1 & Part 2 have been filled out please return form to the student named above.