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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.*