



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.***