

CERTIFICATION OF COMPLETED COURSE WORK Grades 9 - 12

Student Last Name	Student First Name	Grade Level	Date of Birth
Supervising Teacher		Semester	School Year

COURSE TITLE (Please list course title in the same order as shown on the Master Agreement)	1st. Semester <small>Academic Marks</small>	<small>Credits</small>	2nd. Semester <small>Academic Marks</small>	<small>Credits</small>	<small>Credits listed on Master Agreement & All Addendums</small>	<small>Course Credits Earned</small>
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I certify that the courses and credits listed have been checked against the Master Agreement.

Comments:

Credits
Sem.1

Credits
Sem. 2

Total Credits
Earned

Supervising Teacher's Signature

Date