

Student Information

First Name: _____ Last Name: _____
 Date of Birth: _____ Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Student Academic History (1 Unit = 1 Year)

Freshman Year: _____

Sophomore Year: _____

Course Type	Course Title	Grade	Units
Totals/Averages			

Junior Year: _____

Senior Year: _____

Graduation Date: _____

Total Graduation Units: _____

Grading Scale: A 90-100 B 80-89 C 70-79 D 60-69 F below 60

School Official

 Print Name

 Signature

 Date