

## College Credit Plus Mid-Term Grade Form www.ohio.edu/dualenrollment

To Be Completed by the Student									
Students Name									
Addr	ess								
City,	State & Zip								
Home Phone			Cell phone						
High School			Grade Level						
This form is for the following grading period (check one):									
Firs	t 9 Weeks		Second 9 Weeks		Third 9 Weeks		Fourth 9 Weeks		
To Be Complete by the College Course Instructor(s)  Some secondary schools request students to collect mid-term grades for the college courses they are taking.  Additionally, the Ohio High School Athletic Association requires student-athletes to demonstrate a passing grade in a minimum of five one-credit hour courses, or the equivalent, in the immediately preceding grading period. In an effort to assist secondary schools and help these students enrolled in college courses, please complete the field below for the course this student is enrolled.									
#	Course Name		Class Day &	Time 9	Week Grade	Days Missed	Professor's Signat	ure	
1									
2									
3									
4									
5									
6									
Students please sign this form and return it to your high school guidance counselor as soon as possible.  I certify that the information contained in this form is complete and accurate, and has not been altered in any way. I understand that submission of inaccurate information may be sufficient cause for dismissal from Ohio University's College Credit Plus Program.  Student Signature:  Date:									
Stud	ent Signature:		Date:						