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| --- | --- | --- |
|  | Grade  |  |
|  | SS Number |  |  |  |
| Last Name |  | First Name |  | Middle Name/Initial |  |
| Address |  | City |  | State |  |  Zip |  |

I submit the following course information for the above-named student. This student has completed the classes and rightfully earned the scores recorded here. I understand that it is my responsibility to retain the records and documentation necessary as proof of completion of said courses. Please update my student’s transcript to reflect the information provided herein.

PARENT SIGNATURE REQUIRED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Course Title** | **Subject Area** | **Grade**  | **Credit** | **Honors****(Y/N)** |
| Example | *Biology I with Lab* | *Natural Sciences* | *B* | *1* | *N* |
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