



College Credit Plus Mid-Term Grade Form

www.ohio.edu/dualenrollment

To Be Completed by the Student

Students Name _____

Address _____

City, State & Zip _____

Home Phone _____ Cell phone _____

High School _____ Grade Level _____

This form is for the following grading period (check one):

First 9 Weeks		Second 9 Weeks		Third 9 Weeks		Fourth 9 Weeks	
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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 Signature
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: _____