Christian Life Preparatory School

Transfer Form for Academic Courses

Student Name _____ Current Grade _____
Dates course was taken_____
Parent Name _____ Phone Number _____
_____**I have read and understand the information found on the 'Transfer Credit Information Form'**
Parent Signature_____

Name of Course_____Full Year _____ One Semester_____

Course taken at (please check one) Home ____ School ____ Other _____

Name of School (if applicable)_____

Instructor or supervisor of the course_____

Text/Curriculum Used _____

Was text completed? _____ If not, how much was covered? _____

Date Course Began _____ Date Course Ended _____Total Number of Weeks _____

Hours of Instruction time per week: _____Time spent outside of class: _____(studytime)

Course Grade Received: _____

How was the grade determined? _____

Describe the method of evaluation for this course (types of tests, homework, reports, projects, how much of each, teacher observations,etc.)

_____

Describe the course. Include all major topics.

_____

_____

Signature of Instructor _____

Date_____

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