

[SCHOOL NAME]

OFFICIAL ACADEMIC TRANSCRIPT

ADDRESS

PHONE

EMAIL

STUDENT INFORMATION

STUDENT FULL LEGAL NAME

DATE OF BIRTH

GRADUATION DATE

9TH GRADE — Academic Year: 20__ – 20__

COURSE NAME

LEVEL

CREDITS

GRADE

QUALITY
PTS

10TH GRADE — Academic Year: 20__ – 20__

COURSE NAME

LEVEL

CREDITS

GRADE

QUALITY
PTS

11TH GRADE — Academic Year: 20__ – 20__

COURSE NAME

LEVEL

CREDITS

GRADE

QUALITY
PTS

12TH GRADE — Academic Year: 20__ – 20__

COURSE NAME	LEVEL	CREDITS	GRADE	QUALITY PTS
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GPA & CREDIT SUMMARY

CUMULATIVE UNWEIGHTED GPA <u>4.0</u> /	CUMULATIVE WEIGHTED GPA <u>4.0+</u> /	TOTAL CREDITS EARNED _____	GRADING SCALE A = 90–100% B = 80–89% C = 70–79% D = 60–69% F = Below 60%
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CERTIFICATION & SIGNATURE

I certify that this is a true and accurate record of the academic work completed by the above-named student under the home education program of the above-named school, conducted in accordance with the laws of the State of _____.

ADMINISTRATOR SIGNATURE	PRINTED NAME	TITLE Principal / Administrator	DATE
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