

St. Lucie Public Schools

Treasure Coast High School

COURSE CREDIT COMPLETION

Name: _____ ID Number: _____ Grade _____

Course Title: _____ Course Number: _____

Date Entered: _____ Date of Completion: _____

Semester: _____ Credit Earned: .5 1.0 (Circle one)

Previous Grade: _____ New Grade: _____

I certify that the above named student has studied the Florida State Performance Standards within the curriculum frameworks for the above named course and has demonstrated mastery at the 60% level or above.

Upon finishing the above class the student will be placed in the credit lab course below.

Course Name: _____

Course Code Number: _____

Guidance Counselor Name: _____

SY	T	COURSE #	COURSE	EARN	GRADE
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REPLACE _____

WITH _____

Teacher Signature: _____ Date: _____

Credit has been awarded and placement has been made into the next course.

Counselor Signature

Data Specialist Signature

Registrar Signature

White: Data Specialist

Canary: Teacher File

Pink: Student File

Gold: Counselor