

Coastal Plains Charter High School Course Completion Form

Student Full Name: _____

Course Title: _____ Course # _____

Course Start Date: _____ Course End Date: _____

EOC Course: Completion of this information verifies all course requirements has been completed.

All modules and coursework completed

Teacher signature

Review/Remediation Date completed: _____

Teacher or Tutor signature

USA Test Prep: _____ EOC Score: _____

Site Test Coordinator Signature

Course Final Grade: _____

Office Manager Signature of grades entered

Non-EOC Course: Completion of this information verifies all coursework has been completed

Course Final Grade: _____ Teacher Signature _____

Office Manager signature of grades entered: _____

New Course Title: _____ Course # _____

New Course Start Date: _____ Counselor Signature _____

Credit Recovery: Yes or No Coursework paid for: Yes or No

I have verified that the student's grades have been entered in Gradebook:

Date: _____ Site Director Signature _____

Date: _____ Registrar Signature of transcript entry _____