

INTERRUPTED ELIGIBILITY FORM

SCHOOL _____ CITY _____

ACTIVITY _____ SCHOOL YEAR _____ REGION AND CLASSIFICATION _____

INSTRUCTIONS: This form must be typed. This form will be submitted for each student who received an incomplete grade for the preceding semester, or who was involved in a credit-recovery program for courses that were not passed in the preceding semester.

<input type="checkbox"/> REGULAR SCHEDULE <input type="checkbox"/> BLOCK SCHEDULE (see By-Law #1.53)			DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE			TOTAL COURSES PASSED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only) ELIGIBILITY STATUS
NAME											
LAST	FIRST	MIDDLE	Mo.	Day	Year	Mo.	Day	Year			

FOR INCOMPLETE GRADES: (Please review GHSA By-Law #1.58)

Course(s) with Incomplete grade(s) previous semester	Date preceding semester ended	Date current semester began	Date student credited with passing grade(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR CREDIT RECOVERY PROGRAMS: (Please review GHSA By-Law #1.58)

Course(s) with recovered credit from previous semester	Date preceding semester ended	Date current semester began	Date student credited with passing grade(s)	Initial Grade	Recovered Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SIGNED _____ (Superintendent or Principal or Asst. Principal) _____ (Report Preparer)

DATE _____