Morningside College

Home School Credit Evaluation Form

Name of Student: _____ Date of Birth: _____ Race: _____

Address: _____ Place of Birth: _____ Sex: _____
Street

_____ Father's Name: _____
City State Zip County

Social Security Number: _____ Mother's Maiden Name: _____

Class/Grade: _____

Semester Date: _____

Semester:	1st		2nd	
	Grade	Credit	Grade	Credit

TOTAL CREDITS: _____

Class/Grade: _____

Semester Date: _____

Semester:	1st		2nd	
	Grade	Credit	Grade	Credit

TOTAL CREDITS: _____

Class/Grade: _____

Semester Date: _____

Semester:	1st		2nd	
	Grade	Credit	Grade	Credit

TOTAL CREDITS: _____

Class/Grade: _____

Semester Date: _____

Semester:	1st		2nd	
	Grade	Credit	Grade	Credit

TOTAL CREDITS: _____

EXAMPLE

Class/Grade: *Ninth Grade*

Semester Date: *9/1/97 thru 12/15/97*

Semester:	1st		2nd	
	Grade	Credit	Grade	Credit
Freshman English	*A*	*1*		
Algebra 1/2	*B*	*1*		
General Science	*A*	*1*		
World History			*A*	*1*
Juggling I			*A*	*1*
Drawing I			*A*	*1*
Intro to Computers			*A*	*1*

TOTAL CREDITS: *7*

Remarks:

Issued by: _____

Title: _____ Date: _____

MORNINGSIDE COLLEGE

The Morningside College experience cultivates a passion for life-long learning and a dedication to ethical leadership and civic responsibility.

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EXTRA-CURRICULAR ACTIVITIES
Activity/Honors

Date | Activity | Honor/Position

AMERICAN COLLEGE TESTING PROGRAM
(ACT)

SCHOLASTIC APTITUDE TEST
(SAT)

College Courses

College/Class | Date Attended | Grade

RECORD OF DIAGNOSTIC TESTING

GRADUATION DATA

Graduated:_____
Month/Day/Year

Final GPA:_____

Summary of Credits: (8 semesters)

Subject	Total Credits
English	_____
Mathematics	_____
Science	_____
History/S.S.	_____
Foreign Language	_____
Art/Music	_____
Physical Ed	_____
TOTAL	_____

NOTE: 1 credit = 1 academic subject taken for one full year (2 semesters).