

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"/> TRADITIONAL SCHEDULE		<input type="checkbox"/> YEARLONG SCHEDULE		TOTAL COURSES PASSED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only)			
<input type="checkbox"/> BLOCK SCHEDULE (see By-Law #1.53)		<input type="checkbox"/> HYBRID SCHEDULE							
NAME			DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE			ELIGIBILITY STATUS
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 _____