

KIRTLAND LOCAL SCHOOLS - CREDIT FLEXIBILITY OPTION PLAN
FINAL GRADE AND CREDIT REPORT

Name: _____ **Date:** _____

Grade: _____ **Student Identification Number:** _____

Course Information

Course Title: _____

Course Duration

Summer: _____ **Semester (1):** _____ **Semester (2):** _____ **Year:** _____

Amount of Credit: _____

Letter Grade or Percent: _____

Distribution:

_____ EMIS Coordinator
_____ Student/Parent
_____ Counselor
_____ Teacher of Record
_____ Permanent Record
_____ Credit Flex Team