

High School Credit Verification

Midwest Christian Academy

2905 Gill Street

Bloomington, IL 61704

Phone 309-663-4477 ♦ Fax (309) 834-0160

Note: Fill in this entire page for each subject done in each school year.

Student's name _____

Student's grade in school _____ Birthdate: _____

Parent's name _____ Daytime phone (____) ____-_____

Address _____

Title of course: _____ Year in which work was done _____

Textbook: _____ Author: _____

Work done through _____

Instructor _____ Final grade received _____ Credit received _____

Class periods were _____ minutes per day, _____ days per week, for _____ weeks.

Other comments: _____

Name of person supervising student's school work

Date of submitting this information