



Apostolic Faith International University

1547 E. Pastorius Street - Philadelphia, PA 19138

Tel: (800) 590-1093 - Email: info@afiu.org

REQUIRED INDIVIDUAL STUDENT GRADE RECORD

Current Grades for: _____

Social Security #: (last 4 digits only) _____

Address: _____

City: _____ State: _____ Zip: _____

FIRST TRIMESTER: FROM: _____ TO: _____ 20_____

COURSE #1: _____ GRADE: _____

COURSE #2: _____ GRADE: _____

COURSE #3: _____ GRADE: _____

SECOND TRIMESTER: FROM: _____ TO: _____ 20_____

COURSE #1: _____ GRADE: _____

COURSE #2: _____ GRADE: _____

COURSE #3: _____ GRADE: _____

THIRD TRIMESTER: FROM: _____ TO: _____ 20_____

COURSE #1: _____ GRADE: _____

COURSE #2: _____ GRADE: _____

COURSE #3: _____ GRADE: _____

Transfers/Credits: From _____ to _____, the above named student has qualified in the courses assigned and has received the grades as recorded. I request the above named student be given credit on an official transcript of said studies.

Administrator _____ Date _____

Witness _____ Date _____

School Site City: _____ State: _____ Zip: _____

