

# IGNITE TRANSFORMATION COLLEGE

5342 Clark Rd # 1299 - Sarasota, FL 34233  
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## 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: \_\_\_\_\_