**College Credit Plus**

**MONROEVILLE HIGH SCHOOL**

**High School Athlete Eligibility Form**

***To be completed every nine weeks***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is for the following grading period**

* First nine weeks interim‬‬
* Second nine weeks interim‬‬
* Third nine weeks interim‬‬
* Fourth nine weeks interim‬‬

**Dear Professor,**

**In an effort to help our students succeed in college and to address any academic achievement and athletic eligibility concerns, would you please indicate the current grade and sign as indicated on this form.**

**Thank you for your time in completing this form.**

**Course Name Meeting day/time Current Grade Professor’s Signature**

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Professors may also email grades and attendance to:

bpaul@monroevilleschools.org