

SUMMIT MINISTRIES

UNDERSTANDING THE FAITH COLLEGE CREDIT COURSEWORK FORM

Student's Name: _____ Student's Email: _____
PRINT CAREFULLY

Teacher's Name: _____ Teacher's Email: _____
PRINT CAREFULLY

Please note the grades for following:

UTF Unit 01 Test: _____ %
UTF Unit 02 Test: _____ %
UTF Unit 03 Test: _____ %
UTF Unit 04 Test: _____ %
UTF Unit 05 Test: _____ %
UTF Unit 06 Test: _____ %
UTF Unit 07 Test: _____ %
UTF Unit 08 Test: _____ %
UTF Unit 09 Test: _____ %
UTF Unit 10 Test: _____ %
UTF Unit 11 Test: _____ %
UTF Unit 12 Test: _____ %
UTF Unit 13 Test: _____ %
UTF Unit 14 Test: _____ %
UTF Unit 15 Test: _____ %
UTF Unit 16 Test: _____ %
UTF Unit 17 Test: _____ %
UTF Unit 18 Test: _____ %

Total Score = _____ %

Teacher's Signature:

Please confirm that the student has completed the course to your satisfaction with at least a C

Signature _____ Date _____

Student's Signature:

Please confirm that you have completed all the course work required for credit

Signature _____ Date _____