

STONE CHILD COLLEGE

Grade Report

Fall
 Spring
 Summer
 QUARTER 201__
 SEMESTER 201__

Higher Education Program
 Adult Vocational Program

Your current grades must be submitted to the program you were selected for, before or by ___/___/___, or you may fax them to 406-395-5017 or 406-395-4836.

Student: _____ SS#: _____
 Address: _____
 College: _____ Major: _____

STUDENTS: Enter Course Number and Course Name with Number or Credits for each course that you are registered for.
INSTRUCTORS: Enter Current Letter Grade, % Classes Attended and sign.

Course #	Name of Course	Credits	Circle	Write-in Grade	% Classes Attended	Instructor Signature
			A B C D F I P			
			A B C D F I P			
			A B C D F I P			
			A B C D F I P			
			A B C D F I P			
			A B C D F I P			

TOTAL CREDITS: _____

Student Signature: _____ Date: _____

If you have any questions, contact the program at the following address:

Higher Education Program/Adult Vocational Training Program

Helen Windy Boy
 8294 Upper Box Elder Road
 Box Elder, MT 59521
 Phone: 406-395-4875 ext. 273
 Fax: 406-395-5017 or 395-4836

Clarice Morsette
 8294 Upper Box Elder Road
 Box Elder, MT 59521
 Phone: 406-395-4313 ext. 266
 Fax: 406-395-5017 or 395-4836