



To be completed by a teacher and returned directly to ISL

Secondary School Record Credit Review

For student applicants in grades 9 through 12

Student Name: _____ DOB _____

Nationality _____

Current High School: _____

Address: _____

Year of Entry _____

Number of credits required by your school for a high school diploma: _____

Number of secondary school credits required in each area (grades 9-12)

English _____ Social Sciences _____

Languages _____ Mathematics _____

Science _____ Other: _____

Grading System (e.g. 4.0 scale) _____

Minimum passing grade: _____

Number of credits required to receive a high school diploma: _____

Number of credits earned by the student to date at your school:

Grade	English	Math	Science	History/SS	Language	Language	Other
9							
10							
11							
12							

TOTAL CREDITS EARNED _____

If available, please submit a school profile. Thank you very much.