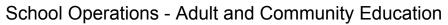


## ROBERT MORGAN EDUCATIONAL CENTER MIAMI-DADE COUNTY PUBLIC SCHOOLS





## SATISFACTORY ACADEMIC PROGRESS REPORT BY TERM

Today's Date	Date Entered Program
Student Name	Student ID
Program	Instructor
Please indicate the student's G.P.A (Letter Grade) for each applicable term.	
Trimester	G.P.A
Student has successfully completed 67% of max	ximum scheduled hours. ☐ Yes ☐ No
Instructor's Printed Name	
Instructor's Signature	Date
	Office Use Only Overall G.P.A