



ROBERT MORGAN EDUCATIONAL CENTER
MIAMI-DADE COUNTY PUBLIC SCHOOLS
School Operations - Adult and Community Education



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 maximum scheduled hours.

☐ Yes

☐ No

Instructor's Printed Name _____

Instructor's Signature _____

Date _____

Office Use Only

Overall G.P.A _____