



SPIRIT CHRISTIAN ACADEMY 2010-2011
TRANSFER OF CREDIT – FINE ARTS PROGRAM

ONE SEMESTER CREDIT (5 UNITS)

I, _____, certify that my student, _____
Instructor's name Student's name

_____, has been successful, continuous student in my
Student's Grade

course of study, _____, from
name of course/program

_____ to _____ (minimum 18 weeks)
beginning date ending date

and has spent 4 ½ hours per week in direction instruction and practice.

Approximate grade/level of accomplishment: _____

Student's Name Date

Parent/Guardian Signature Date

Instructor's Signature Date

For Office Use Only:	
Approved: _____	Denied: _____
Review/Approved by: _____	
Date: _____	
If denied, reason: _____	

