

## MIAMI-DADE COUNTY PUBLIC SCHOOLS CREDIT CERTIFICATION FOR ADULT EDUCATION

**Directions:** This form must be completed for any student in a senior high school program who wishes to complete a course in the Adult Education Program for credit toward a diploma in the senior high school program.

PLEASE TYPE OR PRINT NEATLY				
Name of StudentLast			te	
Last	First	M.I.		
Grade - Section		-	Student I.D. Number	
Authorized courses will be used to recany course to improve GPA is not petaken in Adult Education. This form is	rmissible. A maximum of tw	o courses per school year	ade of (F) only. Retaking of , including summer, may be	
Term: Fall	Winter	Spring	Summer	
COURSE NUMBER	COURSE TIT	LE	CREDIT	
atName o	f Adult Center		Location Number	
Enrollment in adult education classes program. Failure to do so will resulgranted upon successful completion of	t in the immediate withdraw	al from the adult education	on course(s). Credit will be	
Name of School		School I.D.	School I.D. Number	
Student's Signature	Student's Signature Parent's Signature		Signature	
Counselor's Signature	e	Student Services Chairperson's Signature		
Principal's or Administrative Desig	nee's Signature			
I verify the course(s) listed do not exceed the authorized two courses a year allowed in Adult Education and that the student does not have a pattern of excessive absenteeism, habitual truancy or history of disruptive behavior. "Habitual truant" means a student has 15 unexcused absences within 90 calendar days. I also verify that this student is taking this course for credit recovery and not to improve their GPA.				
Counselor's Signature				