**FORM C**

**GEORGIA HIGH SCHOOL ASSOCIATION**
P.O. Box 271
Thomaston, Georgia 30286-0004
706-647-7473 FAX: 706-647-2638

# *INTERRUPTED ELIGIBILITY FORM*

SCHOOL_____ CITY_____

ACTIVITY _____ SCHOOL YEAR _____ REGION AND CLASSIFICATION _____

INSTRUCTIONS: **This form must be typed**. This form will be submitted for each student who received an incomplete grade for the preceding semester, or who was involved in a credit-recovery program for courses that were not passed in the preceding semester.

☐ TRADITIONAL SCHEDULE ☐ YEARLONG SCHEDULE
☐ BLOCK SCHEDULE (see By-Law #1.53) ☐ HYBRID SCHEDULE

| NAME | | | DATE OF BIRTH | | | DATE STUDENT ENTERED NINTH GRADE | | | UNITS ACCUMULATED Previous Semester | TOTAL UNITS ACCUMULATED | (This Column for GHSA use only) **ELIGIBILITY STATUS** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LAST | FIRST | MIDDLE | Mo. | Day | Year | Mo | Day | Year | | | |
| | | | | | | | | | | | |

**FOR INCOMPLETE GRADES:** (Please review GHSA By-Law #1.58)

| Course(s) with Incomplete grade(s) previous semester | Date preceding semester ended | Date current semester began | Date student credited with passing grade(s) |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | | | _____ |
| _____ | | | _____ |

**FOR CREDIT RECOVERY PROGRAMS:** (Please review GHSA By-Law #1.58)

| Course(s) with recovered credit from previous semester | Date preceding semester ended | Date current semester began | Date student credited with passing grade(s) | Initial Grade | Recovered Grade |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | | | _____ | _____ | _____ |
| _____ | | | _____ | _____ | _____ |

SIGNED _____ _____
(Superintendent or Principal or Asst. Principal) (Report Preparer)

DATE _____

Reset