

Standardized Grade Transcript

Academic Record

Student Name: _____
Student ID: _____
Date of Birth: ____ / ____ / ____
School/Institution: _____
Program: _____
Academic Year(s): _____

Course Grades

Course Code	Course Title	Semester/Term	Credits	Grade

Cumulative GPA: _____
Total Credits Earned: _____

Remarks:

Registrar/Official Signature
Date: ____ / ____ / ____

Student Signature
Date: ____ / ____ / ____