

**SECONDARY STUDENT RECORD
ILLINOIS MIGRANT EDUCATION PROGRAM**

Student Last Name	First Name	M.I.	NGS Number	Grade	Date of Birth
Illinois (MEP) School and Address			Home School and Address		
Contact Person			Contact Person		
Phone Number ()	Fax Number ()		Phone Number ()	Fax Number ()	
Date Enrolled	Date Withdrawn	School Granting Credit			

<u>COURSE TITLE</u>	<u>PARTIAL WORK</u>		<u>SEMESTER CREDIT</u>		<u>DATE COMPLETED OR WITHDRAWN</u>
	Grade (%)	Equivalent Clock Hours	Final Grade	# Credit(s)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMMENTS

For further information please contact:
 Susana DasNeves, Director
 Illinois Migrant Education Services at NIU
 Northern Illinois University
 Center for P-20, LH 307
 DeKalb, IL 60115
 815-753-1420
 imes@niu.edu

Signature

Date