

**SECONDARY STUDENT RECORD  
ILLINOIS MIGRANT EDUCATION PROGRAM**

Student Last Name	First Name	M.I.	MIS2000 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Date Enrolled	Date Withdrawn	School Granting Credit			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DATE COMPLETED OR WITHDRAWN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:  
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