



Christian Institute of Arts & Sciences

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ACTIVITY RECORD

Student's Name: _____ Grade: _____ 20____-20____

DATE	HOUR: MIN	ACTIVITY PERFORMED
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Student's Signature _____ Date _____

I certify by my signature that the above hours were completed as recorded.

Teacher/Supervisor's Signature _____	Date _____
(Required to validate grade report)	
Grade: A+ <input type="checkbox"/> A <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C- <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>	