

**Mr. Coahoma Community College
Academic Standing Verification Form**

(To be completed by the Office of Admissions and Records at Coahoma Community College)

Student Name _____ ID# _____

This document verifies that the above-mentioned student has a current cumulative grade point average of _____.

This document verifies that the above-mentioned student is currently classified as a _____ and has completed one full semester at Coahoma Community College.

This document verifies that the above-mentioned student is a full time student carrying 12 or more hours.

Signature

Date

Please print the name of the signature
