

Second-Year Progress Form

READ ALL INSTRUCTIONS AND COMPLETE THE FORM IN FULL

Every second-year student in the Biblical School is *required* to complete this form and return it to BJ by **April 20**.

Part One: ELIGIBILITY WORKSHEET

Please complete all the following information in full, and **return this entire page (legal sized) by the above deadline** to BJ Daly Horell at 467 Bloomfield Ave., Bloomfield, CT 06002-2999; BY FAX: 860-243-9690; OR BY EMAIL (scanned as a pdf or jpeg doc): catholic.biblical.school@aohct.org.

NAME _____ **Current Class Location** _____

Place a check beside each requirement listed that you **have completed to date**. (You need not report Year 2 Unit 3.)

1. Attendance at Opening & Lenten Scripture Days (or an approved substitute):

___ Opening Day Year 1 ___ Lenten Day Year 1 ___ Opening Day Year 2 ___ Lenten Day Year 2

2. Summer Reading Book assignments:

___ Year 1 ___ Year 2

3. All weekly homework assignments handed in:

___ Year 1 Units 1-3 ___ Year 2 Units 1-2

4. No more than 2 absences per Ten-Week Unit:

___ Year 1 Units 1-3 ___ Year 2 Units 1-2

5. Five Unit "memory exercises" passed (at least 60%):

___ Year 1 Units 1-3 ___ Year 2 Units 1-2

6. All tuition and fees paid: ___ Yes ___ No If *NO*, indicate how much is still owed: _____

I understand that **all** requirements must be completed and all tuition and fees paid before the Certificate in Basic Biblical Studies is awarded. To be part of the Awards Ceremony, **all requirements must be completed by your final class meeting of this academic year.**

Initial here: _____

Part Two: CERTIFICATE ELIGIBILITY

Check the statement below that applies to you. Check **ONLY ONE** statement, then add your signature:

A. ___ I **might not** be eligible for the Certificate in Basic Biblical Studies for the following reason(s) _____

B. ___ I believe I **will be** eligible for the Certificate in Basic Biblical Studies by the final day of class this year.

Please sign here: _____

(signature)

Part Three: CERTIFICATE INFORMATION FORM

Please complete the following information: (PLEASE PRINT CLEARLY.)

Name _____ Phone _____
(Name as you want it to appear on your certificate)

Email _____

Street Address _____ City _____ Zip _____

Pastor's Name _____ Parish & City _____

Part Four: CEREMONY INFORMATION FORM

Check the statement below that pertains to you, and indicate the number attending.

___ Yes, I **will attend** the Certificate Ceremony at St. Joseph Cathedral on June 19, 7:00 pm, 2018.

___ No, I **will not** be attending the ceremony.