Instructor’s name: ___________________________ Date: ________________

Registrar Action: ___________________________ Date: ________________

Student’s Name: ___________________________ Student ID #: ____________

Course: ____________________________
Dept.  Number  Sec.  Title
Semester & Year:  Fall __________ Spring __________ Summer __________

Student’s signature: ___________________________ Date: ________________

Instructor’s signature: ___________________________ Date: ________________

Director or Dean’s signature: ___________________________ Date: ________________

NOTE TO INSTRUCTOR: Need to complete original form in Registrar’s Office to indicate final grade:
Final Grade: __________ Date: ________________ Instructor’s Signature: ____________

Registrar Action: ___________________________ Date: ________________

Grade report sent to student: ___________________________ Date: ________________