



MID-TERM GRADE REPORT

NAME: \_\_\_\_\_ PSU ID: \_\_\_\_\_
(Last) (First) (MI)

COLLEGE or UNIVERSITY CURRENTLY ATTENDING: \_\_\_\_\_

DATES ATTENDING: FROM: \_\_\_\_\_ TO: \_\_\_\_\_
(Month / Year) (Month / Year)

Table with 5 columns: NAME OF COURSE, CREDITS, MID-TERM GRADE \*, SIGNATURE OF PROFESSOR, DATE. Contains 5 empty rows for data entry.

\*PROFESSOR: IF GRADE IS NOT AVAILABLE, PLEASE COMMENT ON STUDENT'S PROGRESS (QUALITY OF WORK, CLASS PARTICIPATION, ETC.).

Five horizontal lines for providing professor comments.

INSTRUCTIONS:

Please complete the top portion of this form and have your professor(s) complete and sign where appropriate. Then fax this form as soon as possible to 603-535-2714 or mail it to: Admission Office

MSC 52
Plymouth State University
17 High Street
Plymouth, NH 03264