

LAST NAME _____

FIRST NAME _____

PSU ID NUMBER _____ 9 _____

MAJOR _____

COURSE NUMBER SECT CREDIT SEMESTER ENROLLED CAMP LOC

CIRCLE APPROPRIATE GRADE:

- TYPE CORRECTED GRADE ACCORDANCE WITH POLICY 48-30 REMOVAL OF DEFERRED
 MISSING GRADE

- A A- B+ B B- C+
 C D F R DF AUS
 AUU SA UN PS FL
 MEDICAL ONLY: H HP P LP
 NON-CREDIT ONLY: S X

REGISTRAR

AUTHORIZING SIGNATURE:

DEPARTMENT CONTACT

Instructor _____ Date _____

Name _____

College Dean/Campus Executive Officer _____ Date _____

Phone Number _____ Email Address _____

University Registrar's Use Only	
Date Recorded _____	Initials _____