



Confirmation of Final Grade Form

Name of Student: _____ Chico State ID#: _____

Name of High School: _____

Conditionally Ready for English

Instructor Must Complete This Section:

Exact Course Title: _____

Final Grades: Fall _____ Spring _____

Name of Instructor: _____

Signature of Instructor: _____

Conditionally Ready for Math

Instructor Must Complete This Section:

Exact Course Title: _____

Final Grades: Fall _____ Spring _____

Name of Instructor: _____

Signature of Instructor: _____

Fax, Email or Mail form to: Office of Admissions
California State University, Chico
400 West First Street
Chico, CA 95929-0722
Info@csuchico.edu
Fax: 530-898-6456