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
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Info@csuchico.edu
Fax: 530-898-6456