



# CONFIRMATION OF *FINAL GRADE*

For Conditional Admits

Name of Student	
-----------------	--

Chico State ID#	
-----------------	--

Course Number/Title	
---------------------	--

Course Units	
--------------	--

College or University	
-----------------------	--

**FOR INSTRUCTOR USE ONLY:**

**This is to confirm the FINAL grade in the course above is:**

*Final grade:* \_\_\_\_\_ *Date Course Completed:* \_\_\_\_\_

Instructor Name	
-----------------	--

Instructor Phone Number	
-------------------------	--

Instructor Email	
------------------	--

Signature of Instructor <i>(Electronic signatures <u>not</u> accepted)</i>	
---	--

**Fax to: 530-898-6456 or**

**Mail to:**

Office of Admissions

CSU, Chico

400 West First Street

Chico, CA 95929-0722