



## 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 for the course above is:

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

*Date Final Exam Taken:* \_\_\_\_\_

Instructor Name	
Instructor Phone Number	
Instructor Email	
Signature of Instructor <i>(Electronic signatures <u>not</u> accepted)</i>	

**Email, Fax, or Mail form to:**

Office of Admissions  
CSU, Chico  
400 West First Street  
Chico, CA 95929-0722  
Email: info@csuchico.edu  
Fax: 530-898-6456