

NAME: _____ COLLEGE: _____
 SEMESTER: _____ DATE: _____

In order to complete our review of your application for admission, we require your current mid-semester grades.

NOTE: A decision on your application cannot be made until this information is received.

We ask that you submit either...

- A photocopy of your mid-semester grade report, if your college produces such a report (photocopy acceptable)
- OR**
- This form completed with the requested grades and signatures

CATALOG #	COURSE TITLE	CREDIT HOURS	GRADE	INSTRUCTOR'S SIGNATURE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional information needed: _____

Student's Signature

Date

Please return this completed form to: Admissions Office
 SUNY Plattsburgh
 101 Broad Street
 Plattsburgh, NY 12901

NOTE:
 THE INFORMATION LISTED ON THIS PAGE WILL BE COMPARED WITH YOUR FINAL OFFICIAL TRANSCRIPT DUE IN OUR OFFICE NO LATER THAN ONE WEEK BEFORE THE BEGINNING OF THE SEMESTER. ANY DELIBERATE FALSIFICATION OR OMISSION OF APPLICATION DATA MAY RESULT IN DENIAL OF ADMISSION OR DISMISSAL FROM THE COLLEGE.