



MID TERM GRADE REPORT

OFFICE OF ADMISSIONS
SUNY Oswego
Oswego, NY 13126
(315) 312-2250

Name _____

Address _____

City _____ State _____ Zip Code _____

College currently attending: _____

Semester: _____

Instructor:
The above student has applied for admission to SUNY Oswego. Please indicate the applicant's mid-term letter grade in the space below. This information will allow us to determine admission eligibility prior to receipt of final grades.

Course Number & Title:	Sem. Hrs.	Mid Term Grade:
Instructor's Signature		Date:
Comments:		

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Instructor's Signature		Date:
Comments:		

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Instructor's Signature		Date:
Comments:		