MID-TERM GRADES FORM

DATE: 

NAME: 

Admissions ID: 

ACADEMIC YEAR 20_____: 

Fall _____  Winter _____  Spring _____

Dear Transfer Applicant:

Your application has been reviewed by our staff and further information is needed before a decision may be made. Please list ALL current coursework below, then have your instructors provide current grades for your academic performance in these courses:

CURRENT COURSES AT WHAT SCHOOL?____________________________________________________________

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<tr>
<th>COURSE TITLE</th>
<th>GRADE**</th>
<th>FACULTY SIGNATURE**</th>
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**If a grade estimate is inappropriate at this time, please provide some evaluative comments on this student’s academic progress.

PLEASE RETURN WITHIN TWO WEEKS OF MID-TERM/FINAL GRADES TO:

Undergraduate Admissions Office
University of Massachusetts Amherst
37 Mather Drive
Amherst, MA 01003-9291

SC: MID-TERM-form.doc