

JCMU OFFICIAL GRADE REPORT FORM

Class Title: _____ **Credits:** _____

Instructor Name: _____

Program/Semester & Year: _____

	NAME	HOME INSTITUTION	PERCENTAGE	LETTER GRADE	4.0 SCALE CONVERSION
1					
2					
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Instructor Signature: _____ **Date:** _____

Resident Director Signature: _____ **Date:** _____

<i>JCMU Office Use Only</i>	Receipt Date: _____	Processed By: _____
MSU Course Designation: _____	Notes: _____	