MIDTERM GRADE CHECK

Semester ____________   Year ______

NAME: ______________________________________

This student is enrolled in the federally funded Student Support Services program at Dixie State College of Utah. Requirements for eligibility in this program require periodic student performance evaluations. As of today’s date please indicate this student’s academic standing in this class. Students must turn this grade check into an SSS Advisor’s office.

CLASS:  ____________________________  Date: ____________

CLASS STANDING: (Please Circle)  Passing  Borderline  Failing

If borderline or failing, please circle where applicable:

Attendance
Assignments (missing /late/ low scores)
Tests (missing/ late/ low scores)

If failing, does student still have the time/opportunity to redeem course grade.
Yes    No

We welcome your comments concerning this student’s progress

Instructor’s signature:

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