CENTER FOR CONTINUING STUDIES | ST. CLOUD STATE UNIVERSITY

Senior to Sophomore Program

Submitting Grades

As the faculty partner for the following Senior to Sophomore courses, I authorize the Center for Continuing Studies to submit grades to the Office of Records and Registration on my behalf.

Course: High School:

Name:_____ Phone: _____

E-mail: _____

Signature: _____ Date: _____

7-09