



CONTINUING STUDIES LESSON AND EXAM COVER FORM

Center for Continuing Studies
St. Cloud State University
720 Fourth Avenue South
St. Cloud, MN 56301

Assignments can also be emailed to:
Email: scsu_online@stcloudstate.edu
Telephone: 320-308-3181
Fax: 320-308-5041

Please enter the following information.

Today's date _____

Name _____
First Last

Tech ID _____ **HuskyNet ID** _____
EX: 00567890 EX: mama0101

Course _____ **Semester** _____
EX: CEEP 465 EX: Fall 2009

Assignment _____ **Instructor** _____

Please use the exact wording provided by your instructor in D2L. EX:Case Study 1

OTHER STUDENT INFORMATION:

Street Address _____ **Phone No.** _____
City _____ **State** _____ **Zip Code** _____

Note: A cover form must be attached. Assignments without a cover form will not be submitted to the instructor; an email will be sent to the student to create the cover form before the assignment is sent to the instructor.

Instructor Information

Submission Grade: _____

Instructor Comments to Student:

CCS Office Use Only

Date/Time Received: _____ Initials: _____ Logged in: _____ D2L?: Y/N Grade Logged: _____

Date Sent to Instructor: _____ Initials: _____

Date Received from Instructor: _____ Initials: _____

Other notes:

