

Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

Student Support Services

Mid-Term Grade Check Form

Your Name _____

Student ID _____

Date ____/____/____

Fall Spring Summer

Class (Ex. Eng. 105)	Instructor Print Name	Grade If assigned today	Instructor Signature	Instructor Comments

Attention Students: Please fill in your Class and Instructor Information prior to meeting with faculty. Return this form to either Beth or Gabe in Westover Building, Room 103. **This is only an assessment based on the students' progress to date and does not guarantee the final result of an earned grade.*