



MID-SEMESTER GRADE PROGRESS REPORT - FORM

Prospective SDNU Students taking Prerequisite Courses:

In order to gain a sense of your academic pursuits and progress during the current semester, please have each of your professors provide a **mid-semester progress report and/or grade for your coursework** in the space provided below.

After your professors have completed and signed this information, please return the original form to the Office of Part-Time and Continuing Studies Admission, Fairfield University, 1073 North Benson Road, Fairfield, CT 06824 or email form to ptadmiss@fairfield.edu

REMINDER: A final, official transcript showing all final grades must be submitted at the conclusion of your coursework and sent to the PT/CS Admission office at the mailing address or email listed above.

NAME OF APPLICANT/STUDENT: _____ **FFLD Student ID** _____

Address: _____ Date of Birth: _____

Second Degree Nursing Program Applying For: ___ May 2023 cohort ___ May 2024 cohort ___ May 2025 cohort

GRADE AND MID-SEMESTER PROGRESS REPORT FOR PREREQUISITE COURSEWORK

College/University Attending (*Name, Town, State*) _____

<i>Course #</i>	<i>Course Title</i>	<i>Professor's Name</i>	<i>Professor's Signature</i>	<i>Mid-Term Grade</i>
_____	_____	_____	_____	_____

College/University Attending (*Name, Town, State*) _____

<i>Course #</i>	<i>Course Title</i>	<i>Professor's Name</i>	<i>Professor's Signature</i>	<i>Mid-Term Grade</i>
_____	_____	_____	_____	_____

College/University Attending (*Name, Town, State*) _____

<i>Course #</i>	<i>Course Title</i>	<i>Professor's Name</i>	<i>Professor's Signature</i>	<i>Mid-Term Grade</i>
_____	_____	_____	_____	_____

College/University Attending (*Name, Town, State*) _____

<i>Course #</i>	<i>Course Title</i>	<i>Professor's Name</i>	<i>Professor's Signature</i>	<i>Mid-Term Grade</i>
_____	_____	_____	_____	_____