



EARLY GRADE LETTER REQUEST

Admissions and Records Office
11460 Warner Avenue
Fountain Valley, CA 92708
(714) 241-6167 phone (714)-241-6288 fax

NOTE: THIS GRADE WILL NOT APPEAR ON YOUR OFFICIAL TRANSCRIPT UNTIL THE END OF THE SEMESTER
****THIS REQUEST IS FOR A LETTER ONLY****

#1.) STUDENT INFORMATION

NAME: _____ / _____ STUDENT ID# _____
 (Last Name) (First Name)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

SIGNATURE X _____ PHONE #: _____
 (###) ###-####

#2.) COURSE INFORMATION

❖ INSTRUCTOR NAME: _____ / _____ / _____
 (Last Name) (First Name) (M.)

CRN #: COURSE NAME AND # _____

*****Remember to make arrangements with your instructor regarding this Early Grade Request*****

❖ INSTRUCTOR NAME: _____ / _____ / _____
 (Last Name) (First Name) (M.)

CRN #: COURSE NAME AND # _____

*****Remember to make arrangements with your instructor regarding this Early Grade Request*****

3.) DELIVERY METHOD

Note: Delivery Option

✓ *This grade will **NOT** appear on your Official Transcript until all grades for the entire semester are official for the college*

✓ *By filling out this form, you are requesting a letter only*

✓ *You must notify your instructor that you are requesting an Early Grade*

Please check one:
 Pick Up Mail Letter to:

 Attn: _____

****Letter should only be mailed if school is expecting it****

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